2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State
04-20-2007 90074 013 ***158.75

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1. Entity Name
MARATHON FINANCIAL, INC.

400722119

Principal Place of Business	Mailing Address
777 YAMATO ROAD STE 300 BOCA RATON, FL 33431	~~PO BOX 1340~~ ~~ZEPHYR COVE, NV 89448~~

04182007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	777 YAMATO ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 300
City & State	City & State BOCA RATON, FL
Zip / Country	Zip 33431 Country USA

4. FEI Number 88-0319260 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WYLER, SCOTT L
777 YAMATO RD SUITE 300
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	~~GDP~~ ☒ Delete	TITLE	PRESIDENT ☐ Change ☒ Addition
NAME	~~CARTY, LARRY J~~	NAME	MICHAEL L. REGER
STREET ADDRESS	~~191 MANOR DR SUITE~~ 3	STREET ADDRESS	777 YAMATO ROAD, SUITE 300
CITY-ST-ZIP	~~STATELINE, NV 89449~~	CITY-ST-ZIP	BOCA RATON, FL 33431
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WYLER, SCOTT L	NAME	
STREET ADDRESS	777 YAMATO RD SUITE 300	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33431	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott Wyler, Authorized Signatory — April 5, 2007 — (561) 544-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #