

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002718

FILED
Apr 29, 2009
Secretary of State

Entity Name: MARLIN PROPERTIES AND INVESTMENTS, INC.

Current Principal Place of Business:

3225 MCLEOD DRIVE STE 100
LAS VEGAS, NV 89121

New Principal Place of Business:

Current Mailing Address:

3225 MCLEOD DRIVE STE 100
LAS VEGAS, NV 89121

New Mailing Address:

FEI Number: 26-2612891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPV () Delete
Name: MATHIS, A.T.
Address: 3225 MCLEOD DRIVE STE 100
City-St-Zip: LAS VEGAS, NV 89121

Title: ST () Delete
Name: MATHIS, A.T.
Address: 3225 MCLEOD DRIVE STE 100
City-St-Zip: LAS VEGAS, NV 89121

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: ELKINS, CHARLIE W
Address: 505 SE 8TH AV
City-St-Zip: DEERFIELD BEACH, FL 33441

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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATHIS A.T.

DPV

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date