2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 14, 2006 08:00 Al Secretary of State DOCUMENT # F94000005617 1. Entity Name MARA MADE LTD. INC. Principal Place of Business Mailing Address 5220 GULF OF MEXICO DR. 5220 GULF OF MEXICO DR. SUITE 104 SUITE 104 LONGBOAT KEY, FL 34228 LONGBOAT KEY, FL 34228 04112006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 04-3144043 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent TAYLOR, BLAIR DO NOT WRITE 5220 GULF OF MEXICO DR. SUITE 104 IN THIS SPACE LONGBOAT KEY, FL 34228 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 3. Election Campaign Financing FILE NOW!!! FEE 13 \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME TAYLOR, BLAIR STREET ADDRESS 5220 GULF OF MEXICO DR. U00000508814 04/28/06-80015-019 150.00 CITY-ST-ZIP LONGBOAT KEY, FL 34228 STD TITLE NAME TAYLOR, MARA 5220 GULF OF MEXICO DR. STREET ADDRESS City-St-Zip LONGBOAT KEY, FL 34228 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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.

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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> BLAIR TAYLOR YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 - 11 - 2006

941-3881476

Date

Daytime Phone #