

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 27, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90112 028 \*\*\*150.00  
07-27-2005 90044 013 \*\*\*408.75

<b>DOCUMENT # F96000004020</b> 1. Entity Name <b>MARATHON MACHINE, INC.</b>			
Principal Place of Business <b>62 HOPKINTON ROAD WESTBOROUGH MA 01581 US</b>		Mailing Address <b>14 JEFFERSON RD CHESTNUT HILL MA 02467 US</b>	
2. Principal Office <i>NOT RECEIVED UNTIL JUNE 20. NOTE ADDRESS CHANGE</i>		3. Mailing Address <b>MARATHON MACHINE, INC. Suite, Apt. #, etc. P.O. Box 1 Hopkinton, MA 01748</b>	
City <i>NOTE ADDRESS CHANGE</i>		City & State <b>Hopkinton, MA 01748</b>	
Zip <i>CHANGE</i>		Zip Country <b>01748 US</b>	
4. FEI Number <b>NO-T APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CAMERON, KENNETH W EDGEWATER MANOR 8500 BYRON AVE. MIAMI BEACH FL 33141</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP <b>PTDC CONNELLY, JANUS 6 COLLEGE STREET HOPKINTON MA 01748</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP <b>D CAMERON, JEFFREY R 14 JEFFERSON RD CHESTNUT HILL MA 02467</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP <b>D CAMERON, KENNETH W 8500 BYRON AVE MIAMI BEACH FL 33141</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Janus Connelly</i>		Date: <i>6/21/2005</i> Daytime Phone #: <i>508-435-5405</i>	