2007 FOR PROFIT CORPORATION ANNUAL REPORT

ANIVAE INI VIII										
1. Entity Nam	MENT # F98000006 MAR GOLF INC.			F 07 MAY	ILE		1			
				No. WILLIAM		CECDET.	1.6.	• •	,	
Principal Plac	e of Business	(0 / 1	SECRET, TALLAHA	ak) ur	STATE				
745 7TH AVE 70 HUDSON STREET					WAD.	INCLANA	SSEE, F	LORIDA	1	
NEW YORK, NY 10019 US JERSEY CITY, NJ 07302 US				KA				•		
					l Zeniman an	. (878) (811) 887) 8879 8870		ETHE HERIT (#1)	837 II I 38 1	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address										
						8 (B184 B134 BB34 \$1644 B344		18118 1181 3 12 11	E#) #	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04172007	Chg-P	CR2E034	1 (12/06)		
City & State		City & State			4. FEI Numb 13-403				olied For Applicable	
Zip Country		Zip Countr		try	5. Certificate of Status Desired \$8.75 Additional					
							F	e Required	<u> </u>	
	6. Name and Address of Current I	7. Name and Address of New Registered Agent Name								
THE PREN	NTICE-HALL CORPORATION S	SYSTEM INC.								
1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE, FL 32301										
				City				Zip Code		
				City			FL	Zip Code		
	named entity submits this statement for	the purpose of changing its	registere	ed office or register	red agent, or bo	th, in the State of Flor	rida. Tam fa	miliar 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										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
After Ma	ay 1, 2007 Fee will be \$550.0	☐ Add	led to Fees							
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS.	CHANGES TO OFFI	CERS AND D	DIRECTORS	IN 11	
TITLE	P Delete TITE						[Change	Addition	
NAME	BLAKELY, KAREN					<u>99</u> 1939				
STREET ADDRESS CITY-ST-ZIP				ET ADORESS -ST-ZIP	9572	2/0701039	001	**590	0.00	
TITLE	V Delete IIII.							Change	☐ Addition	
NAME	O'BRIEN, BARRY J									
STREET ADDRESS	_ · · · · · · · · · · · · · · · · · · ·			ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE	S Delete TITLE						l	Change	☐ Addition	
NAME Street adoress	MARRE, JENNIFER 745 7TH AVE			E Et address						
CITY-SI-ZIP	NEW YORK, NY 10019			-SI-ZIP						
TITLE	D	☐ Delete	TITLE	E				☐ Change	Addition	
NAME	FLANNERY, JOSEPH J		NAM	E			·	_	_	
STREET ADDRESS	745 7TH AVE			ET ADDRESS						
CITY-ST-ZIP	NEW YORK, NY 10019		CITY	-ST-ZIP						
TITLE NAME	•	☐ Delete	TITLE	1				Change	Addition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITLE	E				Change	Addition	
NAME			NAM	E						
STREET ADDRESS				ET ADORESS						
CITY-ST-ZIP		ALCO PROGRAMMA COMMANDA		-ST-ZIP	1:- 0	o militario di sistema	for the control of	. all as all a d	4	
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: Barry J. 0' Brich 04117107 (20) 499-6899										
J. J. W 11	SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									