2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2006 8:00 am **Secretary of State DOCUMENT # H68214** 01-24-2006 90012 013 ***158.75 SNARLIN MARLIN ENTERPRISES, INC. Principal Place of Business Mailing Address 4521 PGA BLVD. 4521 PGA BLVD. SUITE 332 **SUITE 332** PALM BEACH GARDENS, FL 33418 US PALM BEACH GARDENS, FL 33418 2. Principal Place of Business 3. Mailing Address 13762 STATE ROAD 84 <u>13762</u> STATE ROAD BY Suite, Apt. #, etc. # 601 Suite, Apt. #, etc. 601 01162006 CR2E034 (11/05) City & State City & State 4. FEI Number Applied For DAVIE FLORIDA FLORIDA 59-2574161 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FιSHER PETER FISHER, PETER ddress (P.O. Box Number is Not Acceptable) 11760 N.W. 26TH STREET PLANTATION, FL. 33323 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 PETER FISHER かららいのかい 9. Election Campaign Financing FILE NOW!!! FEE48 \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. PVST P/V/S/T BTLE ☐ Delete TITLE Change ☐ Addition FISHER PETER 13762 STATE ROAD BY # 601 NAME FISHER, PETER NAME STREET ADDRESS 4521 PGA BLVD., SUITE 332 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 FLORIDA CITY_CT_7P DAVIE 33325 TITLE D ☐ Delete TITLE Change Addition PETER FISHER, PETER Fisher NAME NAME STATE ROAD 84 # 601 STREET ADORESS 4521 PGA BLVD., STE 332 13762 STREET ADDRESS FLARIM PALM BEACH GARDENS, FL 33418 **ろろろ**25 CITY-ST-ZIP CITY-ST-ZIP DAVIE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7/P Delete TITLE ☐ Chance Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADORESS 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.

ED OR PRONTED NAME OF SIGN

SIGNATURE:

FILED