

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2005 08:00 AM
Secretary of State

DOCUMENT # K29891 1. Entity Name MARISYS, INC.			
Principal Place of Business 131 NW 43RD ST. BOCA RATON, FL 33431 US		Mailing Address P.O. BOX 810414 BOCA RATON, FL 33481 US	
DO NOT WRITE IN THIS SPACE			
		 04042005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 65-0133512 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANES, CAROLINE D 131 NW 43RD ST. BOCA RATON, FL 33431		DO NOT WRITE IN THIS SPACE	
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 _____ DATE 05/23/05-80008-020 150.00 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANES, DANIEL R 801 HAVANA DRIVE BOCA RATON, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HANES, CAROLINE D 801 HAVANA DRIVE BOCA RATON, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMAS, DEREK 190 IBIS DRIVE MELBOURNE SHORES, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2005-04-05 561-361-0598 <small>Date Daytime Phone #</small>	