
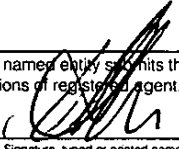
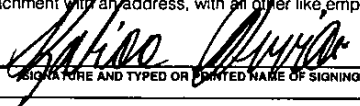


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90069 019 ***150.00

DOCUMENT # K33753 1. Entity Name MARCO POLO REALTY, INC.					
Principal Place of Business 2400 S. W. HWY 484 OCALA, FL 34473 US			Mailing Address 2400 S. W. HIGHWAY 484 OCALA, FL 34473 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01112006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-2909776				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PAVICIC, ALBINA 4975 SW 36TH LANE OCALA, FL 34474			Name <u>Powers, ALBINA</u> Street Address (P.O. Box Number is Not Acceptable) <u>4260 SW 58th Avenue</u> City <u>Ocala</u> FL Zip Code <u>34474</u>		
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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS. PAVICIC, MARKO <input checked="" type="checkbox"/> Delete 3310 SW 58TH STREET OCALA, FL 34474		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PAVICIC, ALBINA <input type="checkbox"/> Delete 4975 SW 36TH LANE OCALA, FL 34474		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Powers, ALBINA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4260 SW 58th Avenue	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PAVICIC, KATICA (2ND) <input type="checkbox"/> Delete 3310 SW 58TH STREET OCALA, FL 34474		TITLE NAME STREET ADDRESS CITY - ST - ZIP	V'S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Powers, Lance <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4260 SW 58th Avenue Ocala FL 34474	
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	
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 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: 			1-26-06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		