


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # K71329</b> 1. Entity Name <b>MAR WALT BUSINESS ASSOCIATES, INC.</b>						<b>FILED</b> <b>07 JUN 13 PM 2:35</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>928-D MARWALT DR.</b> <b>FT. WALTON BEACH, FL 32547</b>				Mailing Address <b>928-D MARWALT DR.</b> <b>FT. WALTON BEACH, FL 32547</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip      Country				City & State Zip      Country			
4. FEI Number <b>59-2934885</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> <b>MACEY, THEODORE I</b> <b>928-D MAR WALT DR.</b> <b>FT. WALTON BEACH, FL 32547</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>Macey Family Management, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>Theodore I. Macey</b> <b>928-D Mar Walt Drive</b> City <b>FT. Walton Beach</b> <b>FL</b> Zip Code <b>32547</b>			
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: <u><i>Theodore I. Macey</i></u> OFFICER <span style="float: right;">5/2/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> <u><i>William R. Marshall</i></u>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARSHALL, WILLIAM R. 928-D MAR WALT DR. FT. WALTON BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marshall Holdings, LLC 928-D Mar Walt Drive FT. Walton Beach, FL 32547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DECROOS, FONSBY 928-D MAR WALT DR. FT. WALTON BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600104520886 06/18/07--01073--015 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DLABAL, THOMAS A. 928-D MAR WALT DR. FT. WALTON BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DrP Theodore I. Macey Macey Family Management, LLC 928-D Mar Walt Drive FT. Walton Beach, FL 32547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MACEY, THEODORE I. 928-D MAR WALT DR. FT. WALTON BEACH, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	B 6/13/07	<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: <u><i>Theodore I. Macey</i></u> <span style="float: right;">5/2/07</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							