


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90185 013 \*\*\*150.00

<b>DOCUMENT # M39566</b>	
<b>1. Entity Name</b> MARET DESIGN GROUP INC.	

<b>Principal Place of Business</b> 8106 Chatuga Ct. Lake Worth, FL 33467	<b>Mailing Address</b> 8106 Chatuga Ct. Lake Worth, FL 33467
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<b>2. Principal Place of Business</b> 8106 CHATUGA CT.	<b>3. Mailing Address</b> 8106 CHATUGA CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

<b>City &amp; State</b> LAKE WORTH, FL	<b>City &amp; State</b> LAKE WORTH, FL
<b>Zip</b> 33467	<b>Zip</b> 33467
<b>Country</b> USA	<b>Country</b> USA

<b>4. FEI Number</b> 59-2728589	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  DEPUTY, LOUISE MARET DESIGN GROUP 8106 Chatuga Ct. Lake Worth, FL 33467
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<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code
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<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.</b>  SIGNATURE <u>Louise M. Deputy</u> DATE <u>4-10-06</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reissuing)</small>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> V	<input type="checkbox"/> Delete
<b>NAME</b> HAFNER, GEORGE	
<b>STREET ADDRESS</b> <del>6606 WELLESLEY PK SUITE 301</del>	
<b>CITY-ST-ZIP</b> BOCA RATON FL 33433	
<b>TITLE</b> P	<input type="checkbox"/> Delete
<b>NAME</b> DEPUTY, LOUISE	
<b>STREET ADDRESS</b> <del>6606 WEDESLEY PK #101</del>	
<b>CITY-ST-ZIP</b> BOCA RATON FL 33433	
<b>TITLE</b> -	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> Mr. George Hafner	
<b>STREET ADDRESS</b> 8106 Chatuga Ct.	
<b>CITY-ST-ZIP</b> Lake Worth, FL 33467	
<b>TITLE</b> P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> DEPUTY, LOUISE	
<b>STREET ADDRESS</b> 8106 Chatuga Ct.	
<b>CITY-ST-ZIP</b> Lake Worth, FL 33467	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	

<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.</b>  SIGNATURE: <u>Louise M. Deputy</u> DATE: <u>4-10-06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
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