FILED

2005

.2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)					Apr 01, 2005 8:00 am Secretary of State		
DOCUI 1. Entity Name MARANATI	003366 , inc.			Secretary of State 04-01-2005 90021 043 ****61.25			
Principal Place of Business 397 69TH ST., NORTH LARGO FL 33764		Mailing Address 397 69TH ST NORTH LARGO FL 33764				50033085	
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING	G CHANGES	
City & State		City & State			4. FEI Number NOT APPLICABLE Applied For Not Applicable		
Zip Country		Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
				Name Bruce Kaufmann			
SCOTY, DOBRS			<u> </u>	Street Address (P.O. Box Number is Not Acceptable)			
397 69T} → \$T., NORTH .							
LARGØ FL 38764			19	1564 Oakadia. Lane			
				Clearwater, Florida FL Zip Code 764			
					ed agent, or both, in the State of Florida. I am	1 32 141	
SIGNATURE .	Signature, typed or printed name of registered agent	I	E: Registered Agent signatures in paign Financing contribution.	ire required	\$5.00 May Be Make Chec	ck Payable to	
10.	OFFICERS AND DIE		11.		ADDITIONS/CHANGES TO OFFICERS AND D		
TITLE NAME	PTD SCOTT, DORIS	Delete	TITLE		•	Change Addition	
STREET ADDRESS	397 69TH ST., NORTH		STREET ADDRESS			!	
CITY-ST-ZIP	LARGO FL 33764		CITY-ST-ZIP		1		
TITLE	VSD/	☐ Delete	TITLE	0.0		☐ Change ☐ Addition	
NAME	ARNOLD, ARDETH	T Delete	NAME	PSI		C Change C Acciton	
STREET ADDRESS	397 69TH ST., NORTH		STREET ADDRESS	297	89th St., North		
CITY-ST-ZIP	LARGO FL 33764		CITY-ST-ZIP	LAR	GO, FL 33764	<i>)</i>	
TITLE /	D	- Delete	TITLE	n	3.0	Change	
NAME	TURLEY, DAVID		NAME	Tu	RLOY, DAVID I	will cother	
STREET ADDRESS	7737 ULMERTON RD., #127		STREET ADDRESS	10	CONTRACTOR OF THE PARTY OF THE	146 GENANN	
CITY-ST-ZIP	LARGO FL 33771		CITY-ST-ZIP	_56	MINOLE, PL. 3377	ســـــــــــــــــــــــــــــــــــــ	
TITLE		☐ Delete	TITLE	A C	LEY, Gleroke.	☐ Change	
NAME STREET ADDRESS			NAME STREET ADDRESS	108	· · · · · · · · · · · · · · · · · · ·	5 65th Are N	
CITY-ST-ZIP			CITY-ST-ZIP	Som	unde, FL 33772	,	
·					· / D = -	Change Addition	
TITLE NAME		☐ Delete	NAME	Ba			
STREET ADDRESS			STREET ADDRESS		ALL PAKADIA LA	٧٤.	
CITY-ST-ZIP			CITY+ST-ZIP	Č	Leawarer, FL. 3.	3764	
TITLE		☐ Delete	TITLE			☐ Change ☐ Addition	
NAME			NAME		·	- -	
STREET ADDRESS	!		STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP		i.e.		

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 617, 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

M mah 26, 2005 727-536-342