2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# N04000003801

Entity Name: MASTER ASSOCIATION OF MARESTELLA, INC.

Current Principal Place of Business:

9872 GULF BLVD.
TREASURE ISLAND, FL 33706

New Principal Place of Business:

Current Mailing Address:

19534 GULF BLVD
202
INDIAN SHORES, FL 33785

New Mailing Address:

FEI Number: 20-0702780 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, WILLIAM F
19534 GULF BLVD
202
INDIAN SHORES, FL 33785 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JOHNSON, EMERY
Address: 138 107TH AVENUE # 297
City-St-Zip: TREASURE ISLAND, FL 33706

Title: VD ( ) Delete
Name: WELLS, LENNIE
Address: O21 LAKEVIEW AVENUE
City-St-Zip: MUNDELEIN, IL 60060

Title: STD ( ) Delete
Name: PURTEE, MARK
Address: 9872 GULF BLVD.
City-St-Zip: TREASURE ISLAND, FL 33706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change ( ) Addition
Name: MUNJONE, ART
Address: 9898 GULF BLVD
City-St-Zip: TREASURE ISLAND, FL 33706

Title: STD (X) Change ( ) Addition
Name: WELLS, HENRY
Address: O21 LAKEVIEW AVENUE
City-St-Zip: MUNDELEIN, IL 60060

Title: PD (X) Change ( ) Addition
Name: PURTEE, MARK
Address: 9872 GULF BLVD.
City-St-Zip: TREASURE ISLAND, FL 33706

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK PURTEE PD 04/24/2006

Electronic Signature of Signing Officer or Director — Date