

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Jan 17, 2006 8:00 am
Secretary of State**

01-17-2006 90272 026 ***61.25

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| DOCUMENT # N08641 | |  |
| 1. Entity Name MARINER SQUARE OFFICE CONDOMINIUM, INC. | | |

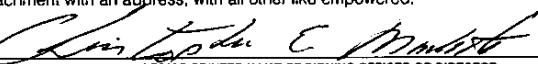
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|---|---------|--|---------|
| Principal Place of Business C/O CHRIS MARLETTE 96 WILLARD ST, 102 COCOA, FL 32922 US | | Mailing Address C/O CHRIS MARLETTE 96 WILLARD ST, #102 COCOA, FL 32922 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent MARLETTE, CHRISTOPHER E 96 WILLARD ST, #102 COCOA, FL 32922 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |

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** _____

| | | | | | | | | | |
|---|--|--|--|--|--|--|--|---|--|
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | Make check payable to Florida Department of State | | | | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | | | |
| <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td>SD AMARI, RICHARD S 96 WILLARD STREET, #302 COCOA, FL</td> <td><input checked="" type="checkbox"/> Delete</td> </tr> </table> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD AMARI, RICHARD S 96 WILLARD STREET, #302 COCOA, FL | <input checked="" type="checkbox"/> Delete | <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td colspan="2"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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 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: 
(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #