


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State


01-22-2008 90055 014 ****61.25

DOCUMENT # N93000003105	
1. Entity Name MARLIN TOWERS, INC.	

Principal Place of Business 3200 NE 29TH ST FT. LAUDERDALE, FL 33308	Mailing Address 3200 NE 29TH ST APT. 401 FT. LAUDERDALE, FL 33308
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 3200 NE 29th St
Suite, Apt. #, etc.	Suite, Apt. #, etc. APT. 203
City & State	City & State Fort Lauderdale FL
Zip	Zip 33308
Country	Country Broward

40006310



01152008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-0881246	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
RICCIUTI, JAMES J 3200 NE 29TH ST APT 401 FT LAUDERDALE, FL 33308	

7. Name and Address of New Registered Agent	
Name DON BEAUFRERE	
Street Address (P.O. Box Number is Not Acceptable) 3200 NE 29th St Apt. 203	
City Fort Lauderdale	FL Zip Code 33308

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 *Don Beaufre* DATE *1/18/02*

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEAUFRERE, DON 3200 NE 29TH ST., APT 203 FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEAUFRERE, DON 3200 NE 29th St. Apt 203 Fort Lauderdale FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENSON, BOB 3200 NE 29ST # 601 FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENSON, BOB 3200 NE 29ST # 601 Fort Lauderdale 33308 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SABATINO, RUDY 3200 NE 29ST APT 101 FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SABATINO, Rudy 3200 NE 29th St Apt 101 Fort Lauderdale FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICCIUTI, JIM 3200 NE 29 STREET APT 401 FORT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANDITO, DONALD G 3200 NE 29TH ST, APT 202 FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CANDITO, DONALD G 3200 NE 29th St Apt 202 Ft. Lauderdale FL 33308 <input checked="" 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	Red Gardner 3200 NE 29th St Apt 301 Fort Lauderdale FL 33308 <input type="checkbox"/> Change <input checked="" 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 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: *Don Beaufre* DATE: *1/18/08*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR