


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 08:00 AM
Secretary of State

DOCUMENT # P01000006918 1. Entity Name MARNITZ ENTERPRISES, INC.	
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Principal Place of Business 167 DRENNEN ROAD ORLANDO, FL 32806	Mailing Address 167 DRENNEN ROAD ORLANDO, FL 32806
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DO NOT WRITE IN THIS SPACE



03132007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3686620	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARNITZ, AARON
167 DRENNEN ROAD
ORLANDO, FL 32806

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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 _____ (NOTE: Registered Agent signature required when reactivating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARNITZ, AARON 167 DRENNEN ROAD ORLANDO, FL 32806
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SOLBERG, MICHELLE M. 2240 SPRINGS LNDING BLVD. LONGWOOD, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MIRANDE, ELIZABETH M 22 N GRAHAM AVE #1 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/27/07-80004-004 158.75

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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 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.

SIGNATURE: Elizabeth M. Mirande 3-13-07 407-859-5515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #