*2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 19, 2006 08:00 AM **Secretary of State DOCUMENT # P01000076314** 1. Entity Name F/V MARY V., INC. Principal Place of Business Mailing Address 148 STARFISH COURT 148 STARFISH COURT MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 No Chg-P CR2E034 (11/05) 04112006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number <u>59-</u>3735133 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SOUTHWEST 22ND STREET 4TH FLOOR IN THIS SPACE MIAMI, FL 33145 6. 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, (NOTE Registered Agent signature required when reinstating) U00000517060 05/01/06-80030-001 150.00 8. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME VITIELLO, MATTHEW F 148 STARFISH COURT STREET ADDRESS CITY-ST-ZIP MARCO ISLAND, FL 34145 TITLE NAME STREET ADDRESS CITY-ST-73P 1171 F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE **TRAKET** STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

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.

ED DR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME STREET ADDRESS CITY-ST-ZIP

FILED