


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90020 044 ***150.00

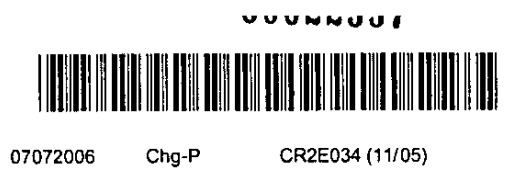
DOCUMENT # P01000098660
 1. Entity Name
MARCAP INC.



Principal Place of Business Mailing Address
 6747 EDGEWORTH DRIVE 6747 EDGEWORTH DRIVE
 ORLANDO, FL 32819 ORLANDO, FL 32819

2. Principal Place of Business 3. Mailing Address
6506 Lake Burden View Dr *6506 Lake Burden View Dr*
 Suite. Apt. #, etc. Suite. Apt. #, etc.

City & State City & State
Windermere *Windermere*
 Zip Country Zip Country
FL *34786* *FL* *34786*



6. Name and Address of Current Registered Agent
 VERHAEGEN, MARK
 6747 EDGEWORTH DRIVE
 ORLANDO, FL 32819

7. Name and Address of New Registered Agent
 Name *Mark Verhaegen*
 Street Address (P.O. Box Number is Not Acceptable)
6506 Lake Burden View Dr.
 City *Windermere* FL Zip Code *34786*

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]* DATE: *7.7.06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VERHAEGEN, MARK 6747 EDGEWORTH DRIVE ORLANDO, FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST VERHAEGEN, MARK 6747 EDGEWORTH DRIVE ORLANDO, FL 32819	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>6506 Lake Burden View Dr. Windermere, FL 34786</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>6506 Lake Burden View Dr. Windermere, FL 34786</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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 reports 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: *[Signature]* Date: *7.7.06* Daytime Phone #: *407.399.4393*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR