
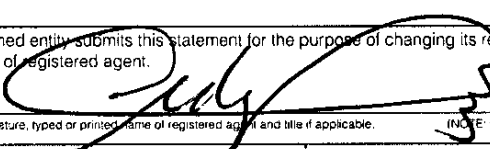
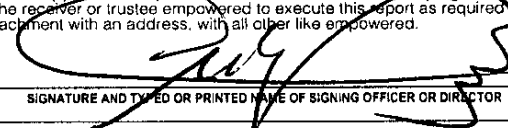


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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 6747 EDGEWORTH DRIVE ORLANDO, FL 32819			Mailing Address 6747 EDGEWORTH DRIVE ORLANDO, FL 32819		
2. Principal Place of Business 6506 Lake Burden View Dr Suite, Apt. #, etc.		3. Mailing Address 6506 Lake Burden View Dr Suite, Apt. #, etc.			
City & State Windermere Zip FL Country 34786		City & State Windermere Zip FL Country 34786		4. FEI Number 59-3748914	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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  DATE 7.7.06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
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			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: 			Date 7.7.06 Daytime Phone # 407.399.4393		