2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an ad

SIGNATURE:

vith all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 01, 2006 8:00 am Secretary of State DOCUMENT # P01000113492 05-01-2006 90365 023 ***150.00 1. Entity Name MARCO SUPERETTE, INC. Principal Place of Business Mailing Address 227 N COLLIER BLVD C/O ROBERT D. ROYSTON, JR. MARCO ISLAND, FL 34145 PO DRAWER 60205 FORT MYERS, FL 33906 2. Principal Place of Business 3. Mailing Address 227 North Collier Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. 02202006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 59-3758744 Not Applicable Marco Island, FL Zip Country, \$8.75 Additional 5. Certificate of Status Desired Fee Required 34145 US/ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROYSTON, ROBERT D JR 12670 NEW BRITTANY BLVD SUITE 101 FORT MYERS, FL 33907 8. The above named entire 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 regist ed agent. ed or printed name of registered agent and title if applicable. Signature (NOTE Registered Agent signature required when reinstating) ПДТЕ 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSTD TITLE ☐ Defete TITLE ☐ Change ☐ Addition RAHMAN, SAMIUR NAME STREET ADDRESS 227 NORTH COLLIER BLVD STREET ADDRESS CITY-ST-ZIP MARCO ISLAND, FL 34145 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TOTALE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

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