

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90180 045 ***150.00

DOCUMENT # P01000115851					
1. Entity Name MARUSI, INC.				40000000	
Principal Place of Business 14512 S. TAMIAMI TRAIL NORTH PORT, FL 34287		Mailing Address 14512 S. TAMIAMI TRAIL NORTH PORT, FL 34287			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1157873	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRAKE, J. KEVIN 1432 FIRST STREET SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code	
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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FOTOS, ELEFTHERIOS 14512 S. TAMIAMI TRAIL NORTH PORT, FL 34287		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOTOS, ELEFTHERIOS 14512 S. TAMIAMI TRAIL NORTH PORT, FL 34287	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOTOS, STYLIANOSOS I 14512 S. TAMIAMI TRAIL NORTH PORT, FL 34287		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FOTOS, KAREN H 14512 S TAMIAMI TR NORTH PORT, FL 34287		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. FOTOS, KAREN 14512 S. TAMIAMI TRAIL NORTH PORT, FL 34287	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FOTOS-DIAKIS, EVANGELINE 14512 S TAMIAMI TR NORTH PORT, FL 34287		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <i>Karen Hensley Fotos</i> KAREN Hensley Fotos 4-18-07 941-425-3419					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					