2006 FOR PROFIT CORPORATION

Mar 09, 2006 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # P02000005810** 03-09-2006 90357 001 *****8.75 1. Entity Name FUNAR MARBLE ENTERPRISES, INC. 03-09-2006 90357 002 ***150.00 Printipal Place of Business Mailing Address 2456 MILLCREEK LN #202 15028 SAVANNAH DRIVE 66004448 NAPLES, FL 34119 NAPLES, FL 34109 02092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 04-3588134 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent UNTEA, ADRIAN DO NOT WRITE 15028 SAVANNAH DRIVE NAPLES, FL 34119 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be П After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PTD TITLE NAME UNTEA, ADRIAN STREET ADDRESS 15028 SAVANNAH DRIVE CITY-ST-ZIP NAPLES, FL 34119 s TITLE UNTEA, MARIANA NAME STREET ADDRESS 15028 SAVANNAH DRIVE CITY-ST-ZIP NAPLES, FL 34119 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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