


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90343 012 ***150.00

DOCUMENT # P02000035872	
1. Entity Name WACHOWICZ - MARAN GROUP, INC.	

Principal Place of Business 5133 CASTELLO DRIVE STE 41 NAPLES, FL 34103	Mailing Address 5133 CASTELLO DRIVE STE 41 NAPLES, FL 34103
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50038589



2. Principal Place of Business 493 CONNERS AVE.	3. Mailing Address 493 CONNERS AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04042005 Chg-P CR2E034 (10/03)

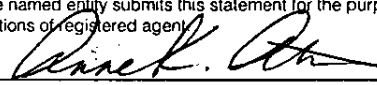
City & State NAPLES, FL	City & State NAPLES, FL
Zip 34108	Zip 34108
Country	Country

4. FEI Number 03-0414369	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ATON, KIM MILLER AND ASSOCIATES, INC. 5133 CASTELLO DR. NAPLES, FL 34103
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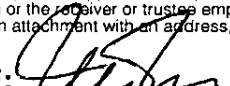
7. Name and Address of New Registered Agent Name KIM ATON Street Address (P.O. Box Number is Not Acceptable) BY THE NUMBERS, INC. 5051 CASTELLO DR., # 39 City NAPLES FL Zip Code 34103

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  ANNE K. "KIM" ATON, TAX ACCOUNTANT Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 4-3-05
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MARAN, MARK D 493 CONNORS NAPLES, FL 34102 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WACHOWICZ, GERALD E 2400 WINDWARD WAY NAPLES, FL 34103 <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	VT MARAN, MARK 493 CONNERS AVE. NAPLES, FL 34108 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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:  MARK MARAN, VICE PRESIDENT Signature and typed or printed name of signing officer or director	Date 4/8/05	Daytime Phone # 239-777-3301
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