2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000037767

Entity Name: MARNITA CORP

FILED Apr 09, 2007 Secretary of State

,					
Current Principal Place of Business:			New Principal Place of Business:		
9211 DAY TAMPA, F	FLOWER DR L 33647				
Current Mailing Address:			New Mailing Address:		
PO BOX 4 TAMPA, F					
FEI Number	: 03-0420024	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
707 DEL V SUN CITY	RRENCE F VEBB LBVD W 'CENTER, FL	33573 US			
The above in the State	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election Ca	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PSTD (RAY, PAUL 928 DAYFLOW TAMPA, FL 33		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (SMITH, POWE 8937 GARDEN SAN ANTONIO	RIDGE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (SMITH, ANITA 8937 GARDEN SAN ANTONIO		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BOLES, RALPI 1907 NE 188TI MIAMI, FL 331	H RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (RAY, CHRISTO 9222 MILL CIR TAMPA, FL 33		Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL L. RAY PSTD 04/09/2007