2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 28, 2005 08:00 AM **DOCUMENT # P02000050840 Secretary of State** MARBLE ARCH INVESTMENTS, INC. Mailing Address Principal Place of Business 260 CRANDON BLVD. SUITE @26 260 CRANDON BLVD. SUITE @26 KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 CR2E034 (10/03) 01212005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 45-0478768 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CORDOBA GOOD, MARIA C P. 260 CRANDON BLVD STE 26 DO NOT WRITE KEY BISCAYNE, FL 33149 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 Signature, typed or printed name of registered agent and fills if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE CORDOBA GOOD, MARIA C NAME STREET ADDRESS 260 CRANDON BLVD. SUITE @26 U00000202725 01/29/05-80001-022 158.75 KEY BISCAYNE, FL 33149 CITY-ST-7IP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 eath; 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

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

1-26-200**6**