


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 09, 2006 8:00 am**  
**Secretary of State**

06-09-2006 90002 002 \*\*\*150.00

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<b>DOCUMENT # P03000051743</b>			
1. Entity Name <b>MARBON PRODUCTS, INC.</b>			
Principal Place of Business 800 23RD STREET MANGONIA PARK, FL 33407		Mailing Address PO BOX 10295 WEST PALM BEACH, FL 33419	
2. Principal Place of Business <i>2260 Old Lake Mary Rd</i>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Sanford FL</i>		City & State	
Zip <i>32771</i>	Country	Zip	Country
4. FEI Number <b>56-2357764</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BONIESKI, EDWARD</b> 1601-B HILL STREET MANGONIA PARK, FL 33407		7. Name and Address of New Registered Agent Name <i>Bonieski, Edward</i> Street Address (P.O. Box Number is Not Acceptable) <i>2260 Old Lake Mary Rd</i> City <i>Sanford</i> <b>FL</b> Zip Code <i>32771</i>	
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>6-5-06</i>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONIESKI, EDWARD 1601-B HILL STREET MANGONIA PARK, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P Bonieski, Edward 2260 Old Lake Mary Rd Sanford FL 32771 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V VASSALOTTI, PAUL 800 23RD ST WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST VASSALOTTI, PAUL 800 23RD ST WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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>[Signature]</i> <b>EDWARD BONIESKI</b>		Date <i>6-5-06</i> Daytime Phone # <i>407-323-5696</i>	