2005 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # P030000 1. Entity Name MARVEL, INC. | 052145 | Apr 28, 2005 08:00 AM Secretary of State |
|---|---|--|
| Principal Place of Business 5 630 IBIS DRIVE DELRAY BEACH, FL 33444 | Mailing Address 630 IBIS DRIVE DELRAY BEACH, FL 33444 | |
| DO NOT WRI | TE IN THIS SPAC | 1. 72/112/1100/ |
| | | 35-2201005 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent | | |
| MARVEL, MICHELLE E 630 IBIS DRIVE | | DO NOT WRITE |
| DELRAY BEACH, FL 33444 | - | 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees | | |
| 10. OFFICERS | AND DIRECTORS | |
| NAME MARVEL, MICHELLE E STREET ADDRESS 630 IBIS DRIVE CITY-ST-ZIP DELRAY BEACH, FL 33444 | 4 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | 000000338367 04/28/05-80033-010 150.00 |
| TITLE NAME STREET ADDRESS | : | DO NOT WRITE |
| CITY-ST-ZIP TITLE | · · · · · · · · · · · · · · · · · · · | |
| NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | • | |
| 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: Multiple SIGNATURE AND TYPE | EMANUL ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | 4/20/05 954-401-0598 Date Dayline Phone # |

FILED