

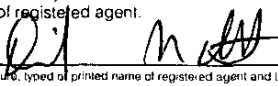
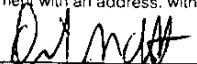


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90056 024 \*\*\*150.00

<b>DOCUMENT # P03000070795</b>					
<b>1. Entity Name</b> MARSHALL CREEK INSURANCE AND FINANCIAL SERVICES, INC.					
<b>Principal Place of Business</b> 495 BIG TREE RD PONTE VEDRA BCH, FL 32082			<b>Mailing Address</b> 495 BIG TREE RD PONTE VEDRA BCH, FL 32082		
<b>2. Principal Place of Business</b> 262 Sophia terrace Suite, Apt. #, etc.		<b>3. Mailing Address</b> 262 Sophia terrace Suite, Apt. #, etc.			
<b>City &amp; State</b> ST AUGUSTINE FL		<b>City &amp; State</b> ST AUGUSTINE FL		<b>4. FEI Number</b> 20-0063436	
<b>Zip</b> 32095		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> OTT, DAVID M 495 BIG TREE RD PONTE VEDRA BCH, FL 32082			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 262 Sophia terrace City ST AUGUSTINE FL Zip Code 32095		
<b>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.</b> SIGNATURE  <u>David M. OTT</u> <span style="float: right;">2-20-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	DPST OTT, DAVID M 495 BIG TREE RD PONTE VEDRA BCH, FL 32082		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	262 Sophia terrace ST AUGUSTINE FL 32095	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	262 Sophia terrace ST AUGUSTINE FL 32095		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
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<b>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.</b>					
<b>SIGNATURE:</b>  <u>David M. OTT</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-20-06		904-945-0434