## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 17, 2006 8:00 am Secretary of State **DOCUMENT # P03000127403** 04-17-2006 90371 041 \*\*\*150 00 1. Entity Name MRT MARBLE, INC. Principal Place of Business Mailing Address 4002022 231 MASTERS BLVD 231 MASTERS BLVD WINTER PARK, FL 32792 WINTER PARK, FL 32792 2. Principal Place of Business Vale Blv. Mailing Address Park Vale Bly Suite, Apt. #, etc. Suite, Apt. #, etc. 04122006 Chg-P CR2E034 (11/05) With & State 4. FEI Number Applied For 56-2414239 Not Applicable \$8.75 Additional US 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TARRATS, MICHAEL 231 MASTERS BLVD Street Address (P.O. Box Number is Not Acceptable) WINTER PARK, FL 32792 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be П Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☑ Change ☐ Addition TARRATS, MICHAEL NAME NAME STREET ADDRESS 231 MASTERS BLVD STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32792 CITY-ST-7IP Winter Park ☐ Delete TITLE ☐ Addition SCHROLUCKE, MICHELLE NAME NAME STREET ADDRESS 231 MASTERS BLVD STREET ADDRESS CITY-ST-ZIP WINTER PARK, FL 32792 CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME, NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 Mechalie 06 **SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Date

Daytime Phone #