

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000028541

1. Entity Name
MARE INVESTMENTS INC.



Principal Place of Business
**440 ROYAL PALM WAY
202
PALM BEACH, FL 33480**

Mailing Address
**440 ROYAL PALM WAY
202
PALM BEACH, FL 33480**



01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 42-1618533 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**PAPALEXIS, THANOS
350 S COUNTY RD, STE 102, # 135
PALM BEACH, FL 33480**

**DO NOT WRITE
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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PAPALEXIS, THANOS 440 ROYAL PALM WAY SUITE 202 PALM BEACH, FL 33480 |
|--|---|

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GORMAN, DANIEL W 440 ROYAL PALM BEACH SUITE 202 PALM BEACH, FL 33480 |
|--|---|

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

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

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

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

**DO NOT WRITE
IN THIS SPACE**

U000000732273
05/09/07-80039-011 150.00

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/07
Date

(561) 655-6199
Daytime Phone #