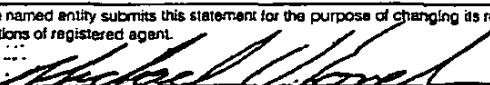
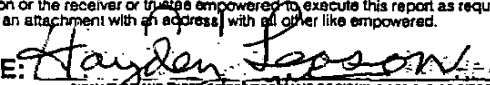


2005 FOR PROFIT CORPORATION ANNUAL REPORT

4 **FILED**
May 24, 2005 8:00 am
Secretary of State

04-18-2005 90334 014 ***150.00

DOCUMENT # P04000034138			
1. Entity Name MARYCLARE, INC.			
Principal Place of Business 1887 WEST ST. ROAD 84 FORT LAUDERDALE, FL 33315		Mailing Address 1887 WEST ST. ROAD 84 FORT LAUDERDALE, FL 33315	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-0766345		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent D'ESPIES, KEVIN J ESQ. 888 E. LAS OLAS BLVD SUITE 720 FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Michael DiCondina 1887 West State Road 84 Ft Lauderdale, FL 33315	
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 		DATE	
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P.D LEASON, HAYDEN PO BOX 8628 HUMACAO, PR 00702	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT, DIR HAYDEN LEASON 1225 E. LAKE DR. FT LAUDERDALE, FL 33316
☐ Delete		☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ Addition	
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☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
☐ Delete		☐ Change ☐ Addition	
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 807, 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: 		DATE: 5/13/05 954-7289209	
HAYDEN LEASON			