2006 FOR PROFIT CORPORATION ANNUAL REPORT

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P04000050877

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SECRETARY OF STATE
TALLAHASSEE 00021382

DOCUMENT # P04000050877

1. Entity Name
MARDEN MARTELL CLEANING INC.

Principal Place of Business	Mailing Address
2035 CORAL WAY LARGO, FL 33771	2035 CORAL WAY LARGO, FL 33771

05222006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Marden Martell Cl Inc	405 1First Ave NE
Suite, Apt. #, etc. 405 1First Ave NE	Suite, Apt. #, etc.
City & State: Largo Fl	City & State: Largo
Zip: 33770 Country: 33770	Zip: Florida Country: USA

4. FEI Number: 03-0540826 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARDEN, MALISSA A
225 17TH AVE NE SUITE 9
ST PETERSBURG, FL 33704

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] June 9 2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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	PST MARDEN, MALISSA A 2035 CORAL WAY LARGO, FL 33771	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mallissa Marden 405 1rst Ave NE Largo Fl 33770	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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] June 9. 2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #