

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000059024

FILED
Jan 31, 2008
Secretary of State

Entity Name: MARUSAK ACQUISITION INC.

Current Principal Place of Business:

645 PONCE DE LEN BLVD.
BROOKSVILLE, FL 34602

New Principal Place of Business:

645 PONCE DE LEON BLVD.
BROOKSVILLE, FL 34601

Current Mailing Address:

645 PONCE DE LEN BLVD.
BROOKSVILLE, FL 34602

New Mailing Address:

645 PONCE DE LEON BLVD.
BROOKSVILLE, FL 34601

FEI Number: 06-1724050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KIRBY, CAROL M
645 PONCE DE LEN BLVD.
BROOKSVILLE, FL 34602 US

Name and Address of New Registered Agent:

KIRBY, CAROL M
24050 WINDING CREEK DRIVE
BROOKSVILLE, FL 34601 US

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.

SIGNATURE: _____

01/31/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KIRBY, CAROL M
Address: 645 PONCE DE LEN BLVD.
City-St-Zip: BROOKSVILLE, FL 34602

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KIRBY, CAROL M VMD
Address: 24050 WINDING CREEK DRIVE
City-St-Zip: BROOKSVILLE, FL 34601

Title: D () Change (X) Addition
Name: LIWANAG, DANILO J DVM
Address: 24050 WINDING CREEK DRIVE
City-St-Zip: BROOKSVILLE, FL 34601

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL MARUSAK KIRBY,VMD

PD

01/31/2008

Electronic Signature of Signing Officer or Director

Date