4/ **FILED**
May 13, 2005 8:00 am
Secretary of State

04-14-2005 90103 034 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000059376

1. Entity Name
MARBLE SHINE INC.

66017061

01252005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
7523 MAHAFFEY DRIVE #H NEW PORT RICHEY, FL 34653	7523 MAHAFFEY DRIVE #H NEW PORT RICHEY, FL 34653

2. Principal Place of Business	3. Mailing Address
7270 BROADMOOR DR.	→ SAME
Suite, Apt. #, etc.: APT. #7	Suite, Apt. #, etc.
City & State: NEW PORT RICHEY	City & State
Zip: 34653 Country	Zip Country

4. FEI Number: 20-0967232 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAKOYEDOV, IGOR 7523 MAHAFFEY DRIVE #H NEW PORT RICHEY, FL 34653	Name: IGOR MAKOYEDOV Street Address (P.O. Box Number Is Not Acceptable): 7270 BROADMOOR DR., APT. 7 City: NEW PORT RICHEY FL Zip Code: 34653

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] IGOR MAKOYEDOV REG. AGENT 4/06/05
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, 2005 Fee will be $550.00

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	P ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	MAKOYEDOV, IGOR	NAME	
STREET ADDRESS	7523 MAHAFFEY DRIVE, #H	STREET ADDRESS	7270 BROADMOOR DR., APT. 7
CITY-ST-ZIP	NEW PORT RICHEY, FL 34653	CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
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	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	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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] IGOR MAKOYEDOV PRES. 4/06/05 727-207-0517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #