

04/27/2007 13:21 305-445-4971

**FILED**  
**Aug 01, 2007 8:00 am**  
**Secretary of State**

08-01-2007 90034 018 \*\*\*550.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               |                                                                                                              |                                                       |                                                                                                                                      |  |
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| <b>DOCUMENT # P04000098440</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               |                                                                                                              |                                                       |                                                     |  |
| 1. Entity Name<br><b>MARINA BLUE 4007 CORPORATION</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                               |                                                                                                              |                                                       |                                                                                                                                      |  |
| Principal Place of Business<br><b>705 SAND CREEK CIRCLE<br/>WESTON, FL 33327</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               | Mailing Address<br><b>705 SAND CREEK CIRCLE<br/>WESTON, FL 33327</b>                                         |                                                       |                                                                                                                                      |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | 3. Mailing Address                                                                                           |                                                       |                                                                                                                                      |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               | Suite, Apt. #, etc.                                                                                          |                                                       |                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               | City & State                                                                                                 |                                                       |                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                       | Zip                                                                                                          | Country                                               | 4. FEI Number <b>20-1498575</b> Applied For <input type="checkbox"/> Not Application                                                 |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                                                              |                                                       | 03022007 Chg-P CR2E034 (12/06)                                                                                                       |  |
| 6. Name and Address of Current Registered Agent<br><b>ALBORNOZ, WILLIAM H<br/>901 PONCE DE LEON BLVD SUITE 603<br/>CORAL GABLES, FL 33134</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               |                                                                                                              |                                                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               |                                                                                                              |                                                       |                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                               | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                       |                                                                                                                                      |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D<br/>ANDREOLI, DONATO<br/>705 SAND CREEK CIRCLE<br/>WESTON, FL 33327</b>  | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>D<br/>ANDREOLI, ADRIANO<br/>705 SAND CREEK CIRCLE<br/>WESTON, FL 33327</b> | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered. |                                                                               |                                                                                                              |                                                       |                                                                                                                                      |  |
| SIGNATURE: <b>(X) Brooks Buchanan</b> <b>Donato Andreoli</b> 5/1/07 305-444-1741                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                               |                                                                                                              |                                                       |                                                                                                                                      |  |