


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000124503 1. Entity Name MRL, INCORPORATED	
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Principal Place of Business 2685 POINCIANA DRIVE NAPLES, FL 34105	Mailing Address P.O. BOX 11822 NAPLES, FL 34101
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03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1559247	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EASTMAN, MICHAEL S 1861 10TH AVE NE NAPLES, FL 34120

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000527961
05/05/06-80016-020 150.00

10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	EASTMAN, MICHAEL S
STREET ADDRESS	1861 10TH AVE NE
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	V
NAME	EASTMAN, ROGER
STREET ADDRESS	2685 POINCIANA DR
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	S
NAME	EASTMAN, LINDA
STREET ADDRESS	2685 POINCIANA DR
CITY-ST-ZIP	NAPLES, FL 34105
TITLE	T
NAME	EASTMAN, MICHAEL S
STREET ADDRESS	1861 10TH AVE NE
CITY-ST-ZIP	NAPLES, FL 34120
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #