ANNUAL REPORT (AR)

DOCUMENT # P04000132322 FILED 1. Entity Name Apr 17, 2006 08:00 AM MARBLE TIGER INCORPORATED **Secretary of State** Principal Place of Business Mailing Address 8413 43RD AVE W 8413 43RD AVE W **BRADENTON FL 34209-6413 BRADENTON FL 34209-6413** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) Applied For 4. FEI Number City & State City & State 80-0124224 Not Applicable Zφ Zıp Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BUSINESS FILINGS INCORPORATED Street Address (P.O. Box Number is Not Acceptable) 1203 GOVERNORS SQUARE BLVD SUITE 101 TALLAHASSEE FL 32301-2960 Zip Code City Fl 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 lequired when reinstalling) DATE Signature, typed or printed name of registered agent and title it applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addis. TITLE HILE DP 🔲 Delete U00000512269 NAME MANAF THOMPSON, BRADLEY 64/29/06-80085-004 150.00 8413 43RD AVE W STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34209-6413** ☐ Delete Channe Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAddi: □ Delete TITLE Iffut NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Additional ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-Zip ☐ Change Adom. TITLE ☐ Defete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Defete THLE 1011 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 directly 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 1. if changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRADLEY A. THOMOSON