2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 22, 2007 08:00 A Secretary of State DOCUMENT # P04000135323 BELLE GLADE MARATHON INC. #1 Principal Place of Business Mailing Address 509 SW 16TH ST 509 SW 16TH ST BELLE GLADE, FL 33430 BELLE GLADE, FL 33430 03082007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-1673887 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MOHAMMAD, ALI DO NOT WRITE 509 SW 16TH ST BELLE GLADE, FL 33430 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 willh, 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 re-instating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MOHAMMAD, ALI NAME STREET ADDRESS 509 SW 16TH ST CITY-SI-7IP BELLE GLADE, FL 33430 U00000675101 TITLE 03/30/07-80005-018 15n.nh NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 eath; 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PINITED NAME OF SIGNING OFFICER OR DIRECTOR

FILED