


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90052 042 \*\*\*150.00

<b>DOCUMENT # P04800</b> 1. Entity Name <b>MARCENT DEVELOPMENT COMPANY, INC.</b>					
Principal Place of Business <b>124 E. COLONIAL DRIVE P.O. BOX 2206 ORLANDO, FL 32801</b>			Mailing Address <b>124 E. COLONIAL DRIVE P.O. BOX 2206 ORLANDO, FL 32801</b>		
2. Principal Place of Business - No P.O. Box # <b>5401 S. KIRKMAN ROAD</b>		3. Mailing Address <b>5401 S. KIRKMAN ROAD</b>			
Suite, Apt. #, etc. <b>SUITE 650</b>		Suite, Apt. #, etc. <b>SUITE 650</b>			
City & State <b>ORLANDO FL</b>		City & State <b>ORLANDO FL</b>		4. FEI Number <b>13-2572136</b>	
Zip <b>32819-7912</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KELLER, KATHLEEN 124 E COLONIAL DR STE B ORLANDO, FL 32801</b>		7. Name and Address of New Registered Agent Name <b>KELLER, KATHLEEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>5401 S. KIRKMAN ROAD</b> <b>SUITE 650</b> City <b>ORLANDO</b> <b>FL</b> Zip Code <b>32819-7912</b>			
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 <u><i>Kathleen Keller</i></u> DATE <u>1/26/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>MAYER, RINA</b> <b>21 RUE DU MONT BLANC</b> <b>GENEVA, SW</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST</b> <b>LEITERSDORF, JONATHAN</b> <b>21 RUE DU MONT BLANC</b> <b>GENEVA, SW</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/P</b> <b>Leitersdorf, Jonathan</b> <b>21 Rue du mont Blanc</b> <b>Geneva, Switzerland</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AVNAT, JOSEPH</b> <b>21 RUE DU MONT BLANC</b> <b>1201 GENEVA, SW</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KURZ, PIERRE</b> <b>21 RUE DU MONT BLANC</b> <b>GENEVA, SW</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/V</b> <b>Kurz, Pierre</b> <b>21 Rue du mont Blanc</b> <b>Geneva, Switzerland</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BOURGER, DOMINIQUE</b> <b>21 RUE DU MONT BLANC</b> <b>GENEVA, SW</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SK</b> <b>Keller, Kathleen</b> <b>5401 S. Kirkman Rd #650</b> <b>Orlando, FL 32819-7912</b> <input type="checkbox"/> Change <input checked="" 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 like empowered.					
<b>SIGNATURE:</b> <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/1/07</u> Daytime Phone # <u>407-351-6006</u>		