


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2006 8:00 am**  
**Secretary of State**

01-13-2006 90045 045 \*\*\*150.00

<b>DOCUMENT # P05000007845</b>					
<b>1. Entity Name</b> MARSHALL SOUTHER INC.					
<b>Principal Place of Business</b> 11211 S. MILITARY TRAIL 423 BOYNTON BEACH, FL 33436 US			<b>Mailing Address</b> 11211 S. MILITARY TRAIL 423 BOYNTON BEACH, FL 33436 US		
<b>2. Principal Place of Business</b> 315 Olive Tree Ct. <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Address</b> 315 Olive Tree Ct. <small>Suite, Apt. #, etc.</small>			
<b>City &amp; State</b> Greenacres, Fl. <small>Zip</small> 33413 <small>Country</small> P. B.		<b>City &amp; State</b> Greenacres, Fl. <small>Zip</small> 33413 <small>Country</small> P. B.		<b>4. FEI Number</b> 20-2161819	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> SOUTHER, MARSHALL 11211 S. MILITARY TRAIL 423 BOYNTON BEACH, FL 33436			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 315 Olive Tree Ct. City Greenacres, FL Zip Code 33413		
<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.</b> SIGNATURE: <u>Marshall Souther</u> <span style="float: right;">1/8/06</span> <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</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <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	P SOUTHER, MARSHALL 11211 S. MILITARY TRAIL, #423 BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	315 Olive Tree Ct. Greenacres, Fl. 33413	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	315 Olive Tree Ct. Greenacres, Fl. 33413	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	315 Olive Tree Ct. Greenacres, Fl. 33413	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	315 Olive Tree Ct. Greenacres, Fl. 33413	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>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>					
<b>SIGNATURE:</b> <u>Marshall Souther</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1/8/06 561 968 9069 <small>Date Daytime Phone #</small>	