2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 23, 2006 8:00 am Secretary of State 03-14-2006 90037 025 ***150.00 DOCUMENT # P05000064675 MARLIES MCCLAY, P.A. 66006743 Principal Plane of Business Mailing Address **7934 MERANO REEF LANE** 7934 MERANO REEF LANE LAKE WORTH, FL 33467 LAKE WORTH, FL 33467 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. CR2E034 (11/05) 01232006 4. FEI Number Applied For City & State City & State 20-27719 Not Applicable Country \$8.75 Additional Zio Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JOHN PORTER ACCOUNTING INC Street Address (P.O. Box Number is Not Acceptable) 400 S FEDERAL HWY **BOYNTON BEACH, FL 33435** Zip Code 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 Speare, typed or printed name of registered agent and title if applicable. * (NOTE: Registered Apert signature required when register \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After, May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ----- OFFICERS AND DIRECTORS 10. ☐ Change ☐ Addition TILE atet... MCCLAY, MARLIES MALET . NUME STREET ADDRESS 7934 MERANO REEF LANE STREET ADDRESS CITY - 51-7:P LAKE WORTH, FL 33467 CITY-ST-ZIP ☐ Addition Change TITLE Delete titis NAME NAME STREET ADDRESS STREET ADORESS CITY-S1-ZIP CITY-S1-29 ☐ Addition Change ULTE Delete TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY 5' 7P ... Change Addition Oelete TIFLE NAME NAM! STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP

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 of the receiver 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 for the conociation or the receiver or trustee emowered 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. . A 15

NAME

TITLE

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CITY ST-70

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SIGNATURE CHOTYPED OR PRINTED HARTE OF SIGNING OFFICER OR DIRECTOR

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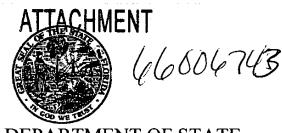
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FLORIDA DEPARTMENT OF STATE **Division of Corporations**

March 16, 2006

MARLIES MCCLAY, P.A. **7934 MERANO REEF LANE** LAKE WORTH, FL 33467 US

Subject: MARLIES MCCLAY, P.A.

Reference Number:

P05000064675

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be Correction per jour answered in the order it is received.

ANNUAL REPORTS SECTION