2006 FOR PROFIT CORPORATION

SIGNATURE:

Jan 23, 2006 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # P05000111178** 01-23-2006 90110 005 ***158.75 1. Entity Name BLUE MARBLE REALTORS, INC Principal Place of Business Mailing Address 19046 BRUCE B DOWNS BLVD 19046 BRUCE B DOWNS BLVD 309 309 **TAMPA, FL 33647 TAMPA, FL 33647** Mailing Address laters Ave 5463 W. Suite, Apt. #, etc. Suite, Apt. #, etc. 01152006 Chq-P CR2E034 (11/05) 30 30 City_& State Applied For 20-3268300 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MORGAN, KELLY J Street Address (P.O. Box Number is Not Acceptable) 546.3 W. Waters Ave. 1497 GATWICK LOOP HEAHTROW, FL 32746 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 SIGNATURE printed name of registarca agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PΠ TITLE □ Delete MORGAN, KELLY J NAME NAME '63 W. Waters Ave., Ste. 830 mpg. FL 33634 STREET ADDRESS 1197 CATWICK LOOP STREET ADDRESS CITY-ST-ZIP HEATHROW, FL 32746 CITY-ST-ZIP SD TITLE □ Delete TITLE DIPAOLO, JOSEPH L NAME NAME STREET ADDRESS 11604 MERIDIAN POINT DRIVE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33634 CITY-ST-ZIP n TITLE Delete TITLE ☐ Change ☐ Addition NAME STEINGRABER, MATTHEW NAME STREET ADDRESS 4802 DARLINGTON RD STREET ADDRESS HOLIDAY, FL 34690 CITY-ST-7IP CITY-ST-ZIP TITLE TD ☐ Delete ☐ Change ☐ Addition TITLE NAME MURRAY, MICHAEL NAME 12029 TUSCANY BAY DR. #202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA, FL 33626** CITY-ST-ZIP ☐ Delete ☐ Addition TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED