2008 FOR PROFIT CORPORATION

Apr 07, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P05000122955 04-07-2008 90024 018 ***150.00 MARIETTA MANAGER CORP. Principal Place of Business Mailing Address 3700 AIRPORT ROAD 2101 W COMMERCIAL BLVD STE 2800 FORT LAUDERDALE, FL 33309 SUITE 401 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03242008 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-3527959 Not Applicable Zip Country Zip Country \$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 FORMAN, ESQUIRE, ROBERT S Street Address (P.O. Box Number is Not Acceptable) 2101 WEST COMMERCIAL BLVD **SUITE 2800** FORT LAUDERDALE, FL 33309 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) • อี้กำย 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. D Addition **₹** Change THE ☐ Delete TITLE SHIMM, KENNETH L NAME NAME 2101 W COMMERCIAL BLVD STE 2800 STREET ADDRESS 3700 Airport Road, Suite 401 STREET ADDRESS C11Y-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33309 Boca Raton, FL 33431 Delete TITLE ☐ Change Addition THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILLE ☐ Delete THLE ☐ Change ☐ Addition NAME NAME SERFET ADDRESS STREET ADDRESS OTH ST 7P CITY - ST - ZIP ☐ Delete ☐ Change ☐ Addition THE TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TOLE HILE JURELI ADDRESS STREET ADDRESS

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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 eath; that I am an officer or director of the corporation or the receiver or trustee employered 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.

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Shimm President

CITY-ST-ZIP

SIGNATURE:

FILED