

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000139591

Entity Name: MAR PRODUCTIONS INC.

FILED
Apr 19, 2006
Secretary of State

Current Principal Place of Business:

PO BOX 9945
NAPLES, FL 34101

New Principal Place of Business:

Current Mailing Address:

PO BOX 9945
NAPLES, FL 34101

New Mailing Address:

FEI Number: 03-0585787

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEVRIER, CHARLENE
979 HILLTOP COURT
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

ROONEY, CHARLENE
979 HILLTOP COURT
NAPLES, FL 34103 US

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.

SIGNATURE: CHARLENE ROONEY

04/19/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: ROONEY, MARK A
Address: 979 HILLTOP COURT
City-St-Zip: NAPLES, FL 34103

Title: VP,D () Delete
Name: FEVRIER, CHARLENE
Address: 979 HILLTOP COURT
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP,D (X) Change () Addition
Name: ROONEY, CHARLENE
Address: 979 HILLTOP COURT
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLENE ROONEY

VP

04/19/2006

Electronic Signature of Signing Officer or Director

Date