


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90149 001 ***150.00

DOCUMENT # P06000027820

1. Entity Name
MAREINA RACING INC.



Principal Place of Business **5289 NW 78th Court**
7014 SOUTHEAST 12 CIRCLE
OCALA, FL 34480

Mailing Address **5289 NW 78th Court**
7014 SOUTHEAST 12 CIRCLE
OCALA, FL 34480



| | | | | | |
|--|---------|---------------------|---------|---|--|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | 04292008 Chg-P CR2E034 (12/06) | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 61-1372030 | |
| City & State | | City & State | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

| | | | | | | | |
|--|--|--|--|--|--|-----------|----------|
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | | | |
| SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 | | | Name | | | | |
| | | | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | City | | | FL | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|----------------------------|---|--|---|---|--|
| TITLE | DPT <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MAREINA, MICHAEL G | | NAME | | |
| STREET ADDRESS | 7014 SOUTHEAST 12 CIRCLE 5289 NW 78th Ct. | | STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA, FL 34480 | | CITY-ST-ZIP | | |
| TITLE | DVS <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | MAREINA, KATHLEEN S | | NAME | | |
| STREET ADDRESS | 7014 SOUTHEAST 12 CIRCLE 5289 NW 78th Ct. | | STREET ADDRESS | | |
| CITY-ST-ZIP | OCALA, FL 34480 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |

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.

SIGNATURE: Kathleen S. Mareina Date: April 30, 2008

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #