2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000081413

Entity Name: MARVELOUS SOLUTION ENTERPRISE INC.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

19553 N.W. 2ND AVE. 663 S BISCAYNE RIVER DR

SUITE 216 #663

MIAMI GARDENS, FL 33169 US MIAMI, FL 33169 U

Current Mailing Address: New Mailing Address:

19553 N.W. 2ND AVE. 663 S BISCAYNE RIVER DR

SUITE 216 #663

MIAMI GARDENS, FL 33169 US MIAMI, FL 33169 US

FEI Number: 16-1763387 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JACKSON, MARVILLE MR PAUL, CURLINE MS 19553 N.W. 2ND AVE. PAUL, CURLINE MS 7011 SW 27 ST

SUITE 216 HOUSE

MIAMI GARDENS, FL 33169 US MIRAMAR, FL 33023 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: CURLINE PAUL 04/29/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: JACKSON, MARVILLE A MR. Name: PAUL, CURLINE MS.

 Address:
 518 N.W. 102ND ST.
 Address:
 7011 SW 27 ST

 City-St-Zip:
 MIAMI, FL 33150 US
 City-St-Zip:
 MIRAMAR, FL 33023 US

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 EDDIE, TIFFONY
 Name:
 EDDIE, TIFFONY MS.

 Address:
 518 N.W. 102ND ST.
 Address:
 518 N.W. 102ND ST.

 City-St-Zip:
 MIAMI, FL 33150 US
 City-St-Zip:
 MIAMI, FL 33150 US

Title: () Delete Title: CEO () Change (X) Addition

Name: Name: JUTEAU, JANNETTE MS.
Address: 722 SW 4 AVE

City-St-Zip: City-St-Zip: HOLLENDALE BEACH, FL 33009

Title: () Delete Title: DIR () Change (X) Addition Name: JACKSON, MARVILLE MS.
Address: Address: 663 S BISCAYNE RIVER DR

City-St-Zip: City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify 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: CURLINE PAUL P 04/29/2008