2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State **DOCUMENT # P06000149038** 01-30-2007 90008 001 ***150.00 MAR-CREWS CONSULTING, INC. Principal Place of Business Mailing Address 400 COREY AVENUE, 2ND FLOOR 400 COREY AVENUE, 2ND FLOOR 66019113 ST. PETE BEACH, FL 33706 ST. PETE BEACH, FL 33706 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1275 Paradise Lake Drive Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 01162007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Tarpon Springs, FL Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired <u>USA</u> 34689 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCNAMARA, TERRANCE P ESQ 400 COREY AVENUE, 2ND FLOOR Street Address (P.O. Box Number is Not Acceptable) ST. PETE BEACH, FL 33706 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPST ☐ Defete TITLE TITLE ☐ Change ☐ Addition MALE RECHKEMER, MICHAEL NUE STREET ADDRESS 1275 PARADISE LAKE DRIVE STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL 34689 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition RECHKEMER, CHRISTINA M 1275 PARADISE LAKE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TARPON SPRINGS, FL. 34689 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition NASAF NALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILE ☐ Detete nne Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P COY-ST-21P Delete Change ☐ Addition TITLE TITLE NAME KALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 independenced to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 727-234-0665 SIGNATURE:

FILED Jun 14, 2007 8:00 am