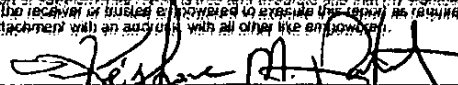


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Sep 09, 2008 8:00 am  
Secretary of State

07-28-2008 90031 045 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                   |                                                                       |                                                                                                                                  |      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|------|
| <b>DOCUMENT # P07000128353</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                                                                                   |                                                                       |                                                 |      |
| 1. Entry Name<br>M.A.R.S. CHEER INC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                                                                                   |                                                                       |                                                                                                                                  |      |
| Principal Place of Business<br>60963 STRAWERRY FIELDS WAY<br>LAKE WORTH, FL 33463                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                                                                                                                   | Mailing Address<br>60963 STRAWERRY FIELDS WAY<br>LAKE WORTH, FL 33463 |                                                                                                                                  |      |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                                                                                   | 3. Mailing Address                                                    |                                                                                                                                  |      |
| Sunk. Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                                                                                                                   | Sunk. Apt. #, etc.                                                    |                                                                                                                                  |      |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                                                                                                   | City & State                                                          |                                                                                                                                  |      |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  | Country                                                                                                           |                                                                       | Zip                                                                                                                              |      |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  | Country                                                                                                           |                                                                       | Country                                                                                                                          |      |
| 6. Name and Address of Current Registered Agent<br>ROBERTS, KESHONE<br>60963 STRAWERRY FIELDS WAY<br>LAKE WORTH, FL 33463                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                                                                                                                   |                                                                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                                                                                                   |                                                                       |                                                                                                                                  |      |
| FILE NOW!!! FEE IS \$150.00<br>Due by September 12, 2008                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                  | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be<br>Added to Fees |                                                                       | In accordance with s. 607.193(2)(b), F.S., the<br>corporation did not receive the prior notice.                                  |      |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                                                                                                   |                                                                       |                                                                                                                                  |      |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NAME             | STREET ADDRESS                                                                                                    | CITY-STATE-ZIP                                                        | TITLE                                                                                                                            | NAME |
| P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | ROBERTS, KESHONE | 60963 STRAWERRY FIELDS WAY                                                                                        | LAKE WORTH, FL 33463                                                  |                                                                                                                                  |      |
| VP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ROBERTS, KESHAWN | 60963 STRAWERRY FIELDS WAY                                                                                        | LAKE WORTH, FL 33463                                                  |                                                                                                                                  |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                   |                                                                       |                                                                                                                                  |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                   |                                                                       |                                                                                                                                  |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                   |                                                                       |                                                                                                                                  |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                   |                                                                       |                                                                                                                                  |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                   |                                                                       |                                                                                                                                  |      |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                                                                                                                   |                                                                       |                                                                                                                                  |      |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NAME             | STREET ADDRESS                                                                                                    | CITY-STATE-ZIP                                                        | TITLE                                                                                                                            | NAME |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                   |                                                                       |                                                                                                                                  |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                   |                                                                       |                                                                                                                                  |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                   |                                                                       |                                                                                                                                  |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                   |                                                                       |                                                                                                                                  |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                   |                                                                       |                                                                                                                                  |      |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  |                                                                                                                   |                                                                       |                                                                                                                                  |      |
| 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 authorized 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 affidavit with all other live employees. |                  |                                                                                                                   |                                                                       |                                                                                                                                  |      |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                                                                                                                   |                                                                       | 07/10/08                                                                                                                         |      |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                                                                                                                   |                                                                       | DATE                                                                                                                             |      |

66016412



07072008 Shg-P GR2E034 (12/06)

4. FEI Number 26-1496467 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

FL Zip Code

FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

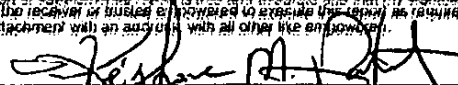
In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## OFFICERS AND DIRECTORS

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME             | STREET ADDRESS             | CITY-STATE-ZIP       | TITLE | NAME |
|-------|------------------|----------------------------|----------------------|-------|------|
| P     | ROBERTS, KESHONE | 60963 STRAWERRY FIELDS WAY | LAKE WORTH, FL 33463 |       |      |
| VP    | ROBERTS, KESHAWN | 60963 STRAWERRY FIELDS WAY | LAKE WORTH, FL 33463 |       |      |
|       |                  |                            |                      |       |      |
|       |                  |                            |                      |       |      |
|       |                  |                            |                      |       |      |
|       |                  |                            |                      |       |      |
|       |                  |                            |                      |       |      |
|       |                  |                            |                      |       |      |

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 authorized 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 affidavit with all other live employees.

SIGNATURE: 

07/10/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE