2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000045579

Entity Name: MARRIE WORKS RESTORAT

FILED Feb 10, 2006 Secretary of State

Entity Name: MARBLE WORKS RESTORATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 8740 COMMERCE DR UNIT 5 BONITA SPRINGS, FL 34135 US **New Mailing Address: Current Mailing Address:** 8740 COMMERCE DR UNIT 5 BONITA SPRINGS, FL 34135 US FEI Number: 65-0491875 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: FELDEN, CHRISTIAN B 2590 GOLDEN GATE PARKWAY SUITE 101 NAPLES, FL 33942 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition BRITTEN, CRAIG Name: Name: 1079 - 22ND AVE N Address: Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: Title: Title: () Delete () Change () Addition Name: BRITTEN, CASSANDRA Name: 1079-22ND AVE N Address: Address: City-St-Zip: NAPLES, FL 34103 City-St-Zip: Title: Title: (X) Change () Addition () Delete SORIERO, EDMUND P SORIERO, EDMUND P Name: Name: 27071 HOMEWOOD DR 246 W 6TH STREET Address: Address: City-St-Zip: BONITA SPRINGS, FL 34135 City-St-Zip: BONITA SPRINGS, FL 34145

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CASSANDRA BRITTEN O 02/10/2006

() Delete

SORIERO, MAYRA R

27071 HOMEWOOD DR

BONITA SPRINGS, FL 34135

Title:

Name:

Address:

City-St-Zip:

(X) Change () Addition

SORIERO, MAYRA R

246 W 6TH STREET

BONITA SPRINGS, FL 34134