


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000045579</b> 1. Entity Name <b>MARBLE WORKS RESTORATION, INC.</b>	
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Principal Place of Business <b>8740 COMMERCE DR UNIT 5 BONITA SPRINGS FL 34135 US</b>	Mailing Address <b>8740 COMMERCE DR UNIT 5 BONITA SPRINGS FL 34135 US</b>
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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1st MOORE      CR2E034 (10/07)

City & State  Zip      Country	City & State  Zip      Country
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4. FEI Number <b>65-0491875</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>FELDEN, CHRISTIAN B 2590 GOLDEN GATE PARKWAY SUITE 101 NAPLES FL 33942</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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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's signature required when registering)  
Signature, typed or printed name of registered agent and title, if applicable      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	D	
NAME	BRITTEN, CRAIG	
STREET ADDRESS	1079 - 22ND AVE N	
CITY - ST - ZIP	NAPLES FL 34103	
TITLE	D	
NAME	BRITTEN, CASSANDRA	
STREET ADDRESS	1079-22ND AVE N	
CITY - ST - ZIP	NAPLES FL 34103	
TITLE	D	
NAME	SORIERO, EDMUND P	
STREET ADDRESS	246 W 6TH STREET	
CITY - ST - ZIP	BONITA SPRINGS FL 34145	
TITLE	D	
NAME	SORIERO, MAYRA R	
STREET ADDRESS	246 W 6TH STREET	
CITY - ST - ZIP	BONITA SPRINGS FL 34134	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	U00000811204		
NAME			
STREET ADDRESS			
CITY - ST - ZIP	02/11/08-80018-001 150.00		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** \_\_\_\_\_ **1128108**      **2399482444**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Docket Entry #