

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |                                                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P94000058588</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                           |                                          |
| 1. Entity Name<br><b>MARATHON PARADISE INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           |                                                                                                                           |
| Principal Place of Business<br><b>12648 OVERSEAS HIGHWAY<br/>MARATHON, FL 33050</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           | Mailing Address<br><b>12648 OVERSEAS HIGHWAY<br/>MARATHON, FL 33050</b>                                                   |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                           |                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           | 04242007 No Chg-P CR2E034 (11/05)                                                                                         |
| 4. FEI Number<br><b>65-0519259</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           | Applied For<br>Not Applicable                                                                                             |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                           | <b>\$8.75</b> Additional<br>Fee Required                                                                                  |
| 6. Name and Address of Current Registered Agent<br><br><b>MALAFAY, RICHARD A<br/>10959 OVERSEAS HIGHWAY<br/>MARATHON, FL 33050</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                           | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                                     |
| 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 signature required when reconstituting) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                                                           |
| <b>FILE NOW! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                           | 9. Election Campaign Financing<br>Trust Fund Contribution, <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                           | U00000747219<br>05/17/07-80015-024 158.75                                                                                 |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                           |                                                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PD<br>CHAPMAN, GREGG M<br>12648 OVERSEAS HIGHWAY<br>MARATHON, FL 33050    |                                                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STD<br>CHAPMAN, CYNTHIA L<br>12648 OVERSEAS HIGHWAY<br>MARATHON, FL 33050 |                                                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |                                                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |                                                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |                                                                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                           |                                                                                                                           |
| 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 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:  4-26-07 365-743-4191                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                           |                                                                                                                           |
| SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR Date Daytime Phone #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                           |                                                                                                                           |