


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90184 009 ***150.00

DOCUMENT # P95000013688					
1. Entity Name MARLIN TOURS, INC.					
Principal Place of Business C/O RETTIG HUBERTUSALLEE 6-8 BERLIN, GERMANY 14193, XX			Mailing Address C/O RETTIG POST FACH 330542 BERLIN, GERMANY 14175, XX		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0559060	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RETTIG, H G 449 SE 11TH TERRACE DANIA, FL 33004			7. Name and Address of New Registered Agent Name <u>RETTIG, H. GEORGE</u> Street Address (P.O. Box Number is Not Acceptable) <u>19 SE 7th St.</u> City <u>DANIA</u> FL Zip Code <u>33004</u>		
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 <u>[Signature]</u> DATE <u>05/27/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME RETTIG, OLIVER		<input type="checkbox"/> Delete		
STREET ADDRESS HUBERTUSALLEE 6-8, 14193 BERLIN APT 127	CITY - ST - ZIP BERLIN, GERMANY 14193,		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE RA	NAME RETTIG, H. GEORGE		<input type="checkbox"/> Delete		
STREET ADDRESS 19 SE 7TH ST.	CITY - ST - ZIP DANIA, FL 33004		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY - ST - ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY - ST - ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY - ST - ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY - ST - ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Oliver 106</u>			DATE: <u>05/27/05</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		

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