2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000089997

1. Entity Name
MARLA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
941 KINGS CROWN DRIVE	941 KINGS CROWN DRIVE
SANIBEL ISLAND, FL 33957	SANIBEL ISLAND, FL 33957

DO NOT WRITE IN THIS SPACE

01102007   No Chg-P   CR2E034 (11/05)

4. FEI Number
65-0627841

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

LAURION, NANETTE
941 KINGS CROWN DRIVE
SANIBEL ISLAND, FL 33957

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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 _____   DATE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

U00000591735
01/19/07--80035--004 150.00

10.   OFFICERS AND DIRECTORS

TITLE	ST
NAME	LAURION, NANETTE
STREET ADDRESS	941 KINGS CROWN DRIVE
CITY-ST-ZIP	SANIBEL ISLAND, FL 33957
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _Nanette Q. Laurion_   1/10/07   239-472-0941

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #