2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 09, 2008 08:00 AN **DOCUMENT # P95000089997** Secretary of State 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 No Chg-P CR2E034 (11/05) 01052008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0627841 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent LAURION, NANETTE DO NOT WRITE 941 KINGS CROWN DRIVE SANIBEL ISLAND, FL 33957 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE U00000775899 01/09/08-80002-023 150.00 LAURION, NANETTE NAME STREET ADDRESS 941 KINGS CROWN DRIVE CITY-ST-ZIF SANIBEL ISLAND, FL 33957 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TIFLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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: Manute MI

STREET ADDRESS

IGNATURE AND TYPED OR PRINTED NAME OF BYONING OFFICER OR DIRECTOR

239-472-0941

FILED