2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000043007

1. Entity Name
MARION CONSULTING SERVICES, INC.

Principal Place of Business	Mailing Address
715 DOBBINS STREET WEST PALM BEACH, FL 33405	715 DOBBINS STREET WEST PALM BEACH, FL 33405

DO NOT WRITE IN THIS SPACE

01182006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0667459	Not Applicable

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

6. Name and Address of Current Registered Agent

MARIM, KURT G → Marion
715 DOBBINS STREET
WEST PALM BEACH, FL 33405

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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 _____

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	MARION, GREG
STREET ADDRESS	715 DOBBINS STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33405
TITLE	VP
NAME	KLEISLEY, BRIAN
STREET ADDRESS	9348 SE ISLAND PLACE
CITY-ST-ZIP	JUPITER, FL 334691383
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: _____   3/22/2006   (561)659-5292

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

Brian Kleisley, V. Pres.