ANNUAL REPORT

FILED Jan 14, 2004 08:00 AM **DOCUMENT # P96000050963** Secretary of State 1. Entity Namo M.B.MARANTE, INC. Principal Place of Business . Mailing Address **4772 BERWYN COURT 4772 BERWYN COURT** PALM HARBOR, FL 34685 PALM HARBOR, FL 34685 No Chg-P CR2E034 (10/03) 01072004 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3391124 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MARANTE, MARGARET B **4772 BERWYN COURT** PALM HARBOR, FL 34685 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** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required whon reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TILE NAME MARANTE, MARGARET B STREET ADDRESS **4772 BERWYN COURT** PALM HARBOR, FL 34685 CITY-ST-ZIP THE MARKE STREET ADDRESS CITY-ST-ZIP TILLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE me NAME STREET ADDRESS CRY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I heroby cortify 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 inclicated 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:

NAME STREET ADDRESS CITY- ST- ZIP