

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90271 007 \*\*\*150.00

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<b>DOCUMENT # P97000074703</b> 1. Entity Name <b>MARKER 88 MORTGAGE, INC.</b>			
Principal Place of Business <b>2499 GLADES ROAD STE 112 BOCA RATON, FL 33431</b>		Mailing Address <b>2499 GLADES ROAD STE 112 BOCA RATON, FL 33431</b>	
2. Principal Place of Business <b>2200 NW CORPORATE BLVD Suite, Apt. #, etc. SUITE 401</b>		3. Mailing Address <b>2200 NW CORPORATE BLVD Suite, Apt. #, etc. SUITE 401</b>	
City & State <b>BOCA RATON, FL</b>		City & State <b>BOCA RATON, FL</b>	
Zip <b>33431</b>	Country	Zip <b>33431</b>	Country
4. FEI Number <b>65-0779044</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SCHILIAN, GERALD 2499 GLADES ROAD STE 112 BOCA RATON, FL 33431</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2200 NW CORPORATE BLVD SUITE 401</b> City <b>FL</b> Zip Code	
8. The above named entity subscribes 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 <span style="float: right;">04-4-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRADY, S 2499 GLADES ROAD #112 BOCA RATON, FL 33431	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WATARZ, D A 2499 GLADES ROAD #112 BOCA RATON, FL 33431	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 information.			
SIGNATURE:		<b>DEBORAH WATARZ 4/4/05 954-994-8830</b> V. PRES.	