

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90024 033 ***150.00

DOCUMENT # P97000074703

1. Entity Name
MARKER 88 MORTGAGE, INC.



Principal Place of Business
**2200 NW CORPORATE BLVD
 SUITE 401
 BOCA RATON, FL 33431**

Mailing Address
**2200 NW CORPORATE BLVD
 SUITE 401
 BOCA RATON, FL 33431**

2. Principal Place of Business - No P.O. Box #
**7301-A W. PALMETTO PK. RD.
 Suite, Apt. #, etc.
 SUITE 305C**

3. Mailing Address
**7301-A W. PALMETTO PK. RD.
 Suite, Apt. #, etc.
 SUITE 305C**

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33433

Country
USA

Zip
33433

Country
USA

40014037



01282008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0779044

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHILIAN, GERALD
 2200 NW CORPORATE BLVD
 SUITE 401
 BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

Name

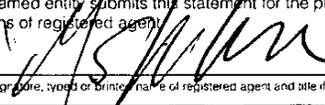
Street Address (P.O. Box Number is Not Acceptable)
**7301-A WEST PALMETTO PARK RD,
 SUITE 305C**

City
BOCA RATON

State
FL

Zip Code
33433

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  **GERALD SCHILIAN** **1/28/08**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

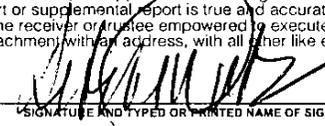
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRADY, S 2200 NW CORPORATE BLVD., #401 BOCA RATON, FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WATARZ, D A 2200 NW CORPORATE BLVD., #401 BOCA RATON, FL 33431	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7301-A W. PALMETTO PARK RD, STE 305C BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7301-A W. PALMETTO PARK RD, STE 305C BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **DEBORAH A. WATARZ** **1/28/08** **561-944-8830**

Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **VICE PRESIDENT** Date Daytime Phone #