2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 28, 2005 08:00 AM DOCUMENT # P98000106124 **Secretary of State** MARKMAR INVESTMENTS, INC. Principal Place of Business Mailing Address 12000 US HWY 19 N 12000 US HWY 19 N CLEARWATER, FL 33764 CLEARWATER, FL 33764 US US 01212005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0886206 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent GARELLEK, STEVEN DO NOT WRITE 700 S. FEDERAL HWY STE 200 IN THIS SPACE BOCA RATON, FL 33432 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE MARTENFELD, EDWARD NAME U00000201649 STREET ADDRESS 86 GUIDED CT #23, ETOBICOKE 01/28/05-80076-002 150.00 CITY-ST-ZIP ONTARIO, CANADA, m9v 4k6 TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE

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 507, 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

EDNAMO MARTENERS 01-21-05

727-546-4447

Daytime Phone #

FILED