


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90085 035 \*\*\*150.00

**DOCUMENT # P99000004771**

1. Entity Name  
**MARCAN INVESTMENTS INC.**



**40054640**



03232007 Chg-P CR2E034 (12/06)

Principal Place of Business      Mailing Address  
**600 1ST AVE N SUITE 302**      **600 1ST AVE N SUITE 302**  
**SAINT PETERSBURG, FL 33701**      **SAINT PETERSBURG, FL 33701**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**2253 Central Avenue**      **2253 Central Avenue**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State      4. FEI Number      Applied For  
**St. Petersburg, FL**      **St. Petersburg, FL**      **59-3555461**       Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired      \$8.75 Additional Fee Required  
**33713**           **33713**                

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

VILLARI, JOE  
 4201 POINSETTA DR  
 SAINT PETERSBURG, FL 33706

Name      **Villari, Joe**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2253 Central Avenue**  
 City      **St. Petersburg**      FL      Zip Code      **33713**

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  **Joe Villari**      DATE **4/4/07**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLARI, JOE P.O. BOX 67267 ST. PETERSBURG, FL 33736 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Villari, Joe 2253 Central Avenue St. Petersburg, FL 33713 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VILLARI, MONICA P.O. BOX 67267 ST. PETERSBURG, FL 33736 <input checked="" type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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:  **Joe Villari**      Date **4/4/07**      Daytime Phone # **727-322-5100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR