2008 FOR PROFIT CORPORATION

ANNUAL REPORT FILED May 01, 2008 08:00 AN Secretary of State DOCUMENT # P99000037890 MARVIN'S ELECTRONICS, INC. Principal Place of Business Mailing Address 927 S EDGEWOOD AVE 927 S EDGEWOOD AVE JACKSONVILLE, FL 32205 JACKSONVILLE, FL 32205 CR2E034 (11/05) 04232008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3576116 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent FREEMAN, CHARLOTTE J DO NOT WRITE 927 S EDGEWOOD AVE JACKSONVILLE, FL 32205 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. Lam familiar with, and accept the obligations of SIGNATURE. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE **PVST** 000000939972 05/28/08-80049-006 150.00 NAME FREEMAN, DOUGLAS H STREET ADDRESS 927 S EDGEWOOD AVE CITY-ST-ZIP JACKSONVILLE, FL 32205 TITLE NAME FREEMAN, DOUGLAS H 927 S EDGEWOOD AVE STREET ADDRESS CITY-ST-7IP JACKSONVILLE, FL 32205 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE 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 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 Douglas H. Freeman, SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

NAME STREET ADDRESS CITY-ST-ZIP