
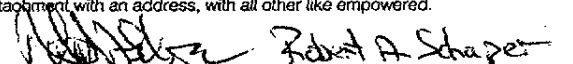


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000081763</b> 1. Entity Name <b>MARPRO SERVICES, INC.</b>		
Principal Place of Business <b>1350 RIVER REACH DR #501 FORT LAUDERDALE, FL 33315</b>	Mailing Address <b>1350 RIVERREACH DR 501 FORT LAUDERDALE, FL 33315</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>SCHAPER, ROBERT A 1350 RIVER REACH DR. #501 FORT LAUDERDALE, FL 33315</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		<b>1400000382142 01/11/06-80079-019 150.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHAPER, ROBERT A 1350 RIVER REACH DR. #501 FORT LAUDERDALE, FL 33315	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DEAN, NANCY J 1350 RIVER REACH DR. #501 FORT LAUDERDALE, FL 33315	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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.  <b>SIGNATURE:</b>  <b>Robert A. Schaper</b> <b>Jan 7, 2006</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		