

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006 08:00 AM
Secretary of State

DOCUMENT # S55872	
1. Entity Name MARLO INTERNATIONAL, INCORPORATED	



Principal Place of Business 4007 N.E. 6TH AVE. OAKLAND PARK, FL 33334	Mailing Address 4007 N.E. 6TH AVE. OAKLAND PARK, FL 33334
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DO NOT WRITE IN THIS SPACE



01162006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0275784	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GODDARD, MARK S. 4007 N.E. 6TH AVE OAKLAND PARK, FL 33334

**DO NOT WRITE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000480245 04/10/06-80036-022 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GODDARD, MARK S 2412 NW 35TH ST. BOCA RATON, FL 33431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIETZ, WALLACE E 18315 CYPRESS VIEW WAY TAMPA, FL 32647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIETZ, RANDALL A 16133 CARDEN DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GODDARD, ANDREW S 2855 NW 42 STREET BOCA RATON, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIETZ, WILLIAM W 8902 JASPERS DR BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:	3/22/06	954-565-4839
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		