


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
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	



04102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0275784	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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
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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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

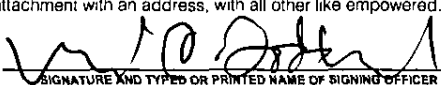
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

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 GARDEN DR ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIETZ, WILLIAM W 12838 COCOA PINE DRIVE BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/24/08-80065-014 150.00

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

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/08 **954-565-4839**
Date Daytime Phone #