



**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90032 017 \*\*\*150.00

<b>DOCUMENT # S71228</b>			
1. Entity Name <b>MARRESE BARON, INC.</b>			
Principal Place of Business <b>PO BOX 3582 BOCA RATON, FL 33427 US</b>		Mailing Address <b>C/O COMPUKEEPER 1446 NW 2ND AVE #105 BOCA RATON, FL 33432 US</b>	
2. Principal Place of Business		3. Mailing Address <b>2298 NW 2nd AVE</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>STE 20</b>	
City & State		City & State <b>BOCA RATON, FL</b>	
Zip	Country	Zip	Country
<b>33431</b>		<b>33431</b>	
4. FEI Number <b>65-0288312</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>MARRESE, DAVID 3268 PLAZA PLACE LANTANA, FL 33462</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVST MARRESE, DAVID C. 3268 PLAZA PLACE LANTANA, FL 33462</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: x</b> 		<b>DAVID MARRESE, PR 2/8/06 561-274-7233</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	