## 2008 FOR PROFIT CORPORATION

## Feb 08, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # S82401 1. Entity Name MARLYN S. ASSOCIATES, INC. .,, Principal Place of Business Mailing Address 17170 WHITEHAVEN DR 17170 WHITEHAVEN DR BOCA RATON, FL 33496 BOCA RATON, FL 33496 01312008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0284626 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERTZ, CLIFFORD I DO NOT WRITE ONE NORTH CLEMATIS STREET 500 IN THIS SPACE WEST PALM BEACH, FL 33401 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. Signature, typed or printed name of registered agent and little if applicable, (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSTD TITLE LEGUM, WENDY NAME STREET ADDRESS 17170 WHITEHAVEN DR CITY-ST-ZIP BOCA RATON, FL. 33496 U00000820380 02/18/08-80026-008 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME

thereby 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

U the

Daytime Phone #

FILED