2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V36144

Title:

Name:

Address:

City-St-Zip:

FILED Apr 08, 2006 Secretary of State

Entity Name: MAR-MEX CORP. **Current Principal Place of Business: New Principal Place of Business:** 372 ISLANDER ST OCEANSIDE, CA 92054 US **Current Mailing Address: New Mailing Address:** 372 ISLANDER ST OCEANSIDE, CA 92054 US FEI Number: 65-6075863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EVANS, DEBORAH A 4804 DRYAD ST. TAMPA, FL 33629 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition CHAMPLIN, NORMAN SZABO, CANDICE A Name: Name: 372 ISLANDER ST 372 ISLANDER ST Address: Address: City-St-Zip: OCEANSIDE, CA 92054 US City-St-Zip: OCEANSIDE, CA 92054 US Title: Title: () Delete (X) Change () Addition Name: SZABO, CANDICE Name: SZABO, CANDICE A 372 ISLANDER ST 372 ISLANDER ST Address: Address: OCEANSIDE, CA 92054 US OCEANSIDE, CA 92054 US City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: COCHRAN, KATHARINE SZABO, CANDICE A Name: Name: P.O. BOX 117 372 ISLANDER ST Address: Address: City-St-Zip: SAN ANDREAS, CA 952490117 City-St-Zip: OCEANSIDE, CA 92054

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: CANDICE A. SZABO P 04/08/2006

() Delete

SZABO, DEAN

372 ISLANDER ST

OCEANSIDE, CA 92054 US

(X) Change () Addition

SZABO, CANDICE A

OCEANSIDE, CA 92054 US

372 ISLANDER ST