2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 466795

Entity Name: TOMARK ENTERPRISES, INC.

FILED Feb 24, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

700 N FEDERAL HWY

HALLANDALE, FL 33009 US

Current Mailing Address: New Mailing Address:

2800 OLD ORCHARD RD. 1801 S. OCEAN DR.

DAVIE, FL 33328 US #308

HOLLYWOOD, FL 33019 US

FEI Number: 59-1565026 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:

PALACIOS, ELSA M
2800 OLD ORCHARD RD
PALACIOS, ELSA M
1801 S. OCEAN DR.

DAVIE, FL 33328 US #308 HOLLYWOOD, FL 33019 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: 02/24/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

 Name:
 PALACIOS, ELSA M.,
 Name:
 PALACIOS, ELSA M.,

 Address:
 2800 OLD ORCHARD RD.
 Address:
 1801 S. OCEAN DR. #308

 City-St-Zip:
 DAVIE, FL 33328
 City-St-Zip:
 HOLLYWOOD, FL 33328

Title: VPD () Delete Title: () Change () Addition

 Name:
 PALACIOS, RAUL E II
 Name:

 Address:
 5100 SW 167TH AVENUE
 Address:

 City-St-Zip:
 SOUTHWEST RANCHES, FL 33331
 City-St-Zip:

Title: TD () Delete Title: () Change () Addition

 Name:
 PALACIOS, RICHARD E
 Name:

 Address:
 348 E. GARDEN COVE CIRCLE
 Address:

 City-St-Zip:
 DAVIE, FL 33325
 City-St-Zip:

 Title:
 S
 () Delete
 Title:
 S
 (X) Change () Addition

 Name:
 MANNING, MONIQUE
 Name:
 MANNING, MONIQUE

 Address:
 2810 OLD ORCHARD RD.
 Address:
 13931 N. FOREST OAK CIRCLE

City-St-Zip: DAVIE, FL 33328 City-St-Zip: DAVIE, FL 33325

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: MONIQUE MANNING S 02/24/2005