

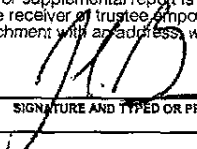


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000086774</b> 1. Entity Name 38 INSEAM MARKETING, INC.			
Principal Place of Business 1685 OAK STREET SARASOTA, FL 34236 US		Mailing Address 1685 OAK STREET SARASOTA, FL 34236 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
		03132006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 22-3864983	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  BROOM, JASON 1685 OAK STREET SARASOTA, FL 34236		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		000000513986 04/29/06 00140 025 150.00	
TITLE	D	<b>DO NOT WRITE IN THIS SPACE</b>	
NAME	BROOM, JASON		
STREET ADDRESS	1685 OAK STREET		
CITY-ST-ZIP	SARASOTA, FL 34236		
TITLE			
NAME			
STREET ADDRESS		<b>DO NOT WRITE IN THIS SPACE</b>	
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
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CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: 		4/14/06 741-706-8280	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	