

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 451658

Entity Name: S.O.C.I., INC.

FILED  
Jan 26, 2006  
Secretary of State

**Current Principal Place of Business:**

101 OCEAN AVE  
#A100  
SANTA MONICA, CA 90402

**New Principal Place of Business:**

**Current Mailing Address:**

101 OCEAN AVE  
#A100  
SANTA MONICA, CA 90402

**New Mailing Address:**

FEI Number: 59-1951494      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GIOVANNETTI, PAUL  
13345 SW 106TH AVE  
MIAMI, FL 33176 US

**Name and Address of New Registered Agent:**

MARLIN, ROBERT  
13345 SW 106TH AVE  
MIAMI, FL 33176 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: ROBERT MARLIN      01/26/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MARLIN, ROBYN PRES  
Address: 101 OCEAN AVE #A100  
City-St-Zip: SANTA MONICA, CA 90402

Title: SD ( ) Delete  
Name: MARLIN, ROBERT  
Address: 101 OCEAN AVE #A100  
City-St-Zip: SANTA MONICA, CA 90402

Title: D ( ) Delete  
Name: MILLAN, SCOTT  
Address: 535 OCEAN AVE #10B  
City-St-Zip: SANTA MONICA, CA 90402

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: ROBERT MARLIN      SD      01/26/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date