2006 FOR PROFIT CORPORATION

FILED Feb 27, 2006 08:00 AM

DOCUMENT # 487931 1. Entity Name WELCOME PUBLICATIONS, INC. Principal Place of Business 1751 NE 162 ST. NORTH MIAMI BEACH, FL 33162 US DO NOT WRITE IN THIS SPACE Principal Place of Business 1751 NE 162 ST. NORTH MIAMI BEACH, FL 33162-4757 US 01192006 No Chg-P CR2E034 (11/05 59-1629488		ANNUAL R		Secretary of State				
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DO NOT WRITE IN THIS SPACE 4. FEI Number 59-1629488	1751 NE 16	2 ST. 1 M Beach, Fl 33162 us F	1751 NE 162ND ST. P.O. BOX 630-518	162-4757 US				
IN THIS SPACE S. 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 the obligations of registered agent. SIGNATURE Sometime, typed or printed neme of registered agent, and this it applicable. (NOTE, Registered Agent signal, it expliced when reinstalling) DATE FILE NOWIJI FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TIME INMAC LEVINE, MONA K STREET ADDRESS 2000 MYSTIC PT DR #1413 SITEET ADDRESS 3800 MYSTIC PT DR #1413 UILLE MANE SITEET ADDRESS SITEET AD	Đ	OO NOT WRITE II	N THIS SPA	CE	01192006 4. FEI Numbe 59-162	No Chg-P 97 9488	CR2E034	Applied For Not Applica
the obligations of registered agent. SIGNATURE Spraise, typed or printed neme of registered agent and title if explicable (MGTE, Registered Agent signature (required when reinstating)) PLE NOWILL FEE IS \$150,00 After May 1, 2006 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. OFFICERS AND DIRECTORS TRUE VDS NAME LEVINE, MONA K STREET ADDRESS CITY-ST-ZP MIAMI, FL 33180 TITLE TD KAPLAN, RITA STREET ADDRESS STOO MYSTIC PT DR #1413 N MIAMI BCH, FL 33180 DO NOT WRITE TITLE MAME STREET ADDRESS CITY-ST-ZP N MIAMI BCH, FL 33180 DO NOT WRITE TITLE	KAPLAN, RITA 1751 NE 162 ST							
10. OFFICERS AND DIRECTORS NAME LEVINE, MONA K STREET ADDRESS CUTY-ST-ZIP NAME KAPLAN, RITA STREET ADDRESS CHY-ST-ZIP N MIAMI BCH, FL 33180 TITLE NAME KAPLAN, RITA STREET ADDRESS CHY-ST-ZIP DO NOT WRITE ITLE ITLE ITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP ITTLE ITT	the obligate	Speciule, typed or printed name of registered agent and title E NOWILL FEE IS \$150,00	If applicable (NOTE, Register) 9. Election Campaign Fina	ed Agent signaturs réquire	od when reinstating?	th, in the State of Flo		liar with, and acce
TITLE	After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution.			. L3 Ad	ed to rees			
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplied with that it 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 eppears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP MILE NAME STREET ADDRESS CITY-ST-ZIP

NING OFFICER OR DIRECTOR