2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Apr 16, 2007 08:00 A Secretary of State **DOCUMENT # 616985** 1. Entity Name THE MARKET PLACE, INC. Principal Place of Business Mailing Address 2337 JONES RD JACKSONVILLE FL 32220 7059 RAMONA BLVD. JACKSONVILLE FL 32205 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-1896868 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALLER, RALPH M Street Address (P.O. Box Number is Not Acceptable) 7059 RAMONA BLVD JACKSONVILLE FL 32205 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete IUII. Change ☐ Addition WALLER, RALPH M NAME NAME 7059 RAMONA BLVD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32205 U00000708491 CITY-ST-7(P CITY-ST-7IP 04/24/07-80116-013-150,00 Addition VTD IIILE Delete WALLER, SYLVIA H NAME 7059 RAMONA BLVD STRUL ADDRESS STREET ADDRESS JACKSONVILLE FL 32205 CITY-ST-ZIP CITY - ST - ZIP SD TITLE Delete .= ☐ Change Addition WALLER, RICHARD A NAME 7059 RAMONA BLVD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32205 CITY-ST-7/P CITY-ST-ZIE TITLE ☐ Delete □ Change Addition WALLER, KEITH M NAME NAME 7059 RAMONA BLVD STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32205 CITY-ST-7IP CITY-ST-7IP HITLE Delete IIIE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change THE ☐ Delete TITLE Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Lvia H Walke 4-11-07 984-78175 SIGNATUR