~2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 Al Secretary of State DOCUMENT # F05000000223 HIMARK ENTERPRISES, INC. Principal Place of Business Mailing Address 11617 INNFIELDS DRIVE 11617 INNFIELDS DRIVE ODESSA, FL 33556 ODESSA, FL 33556 CR2E034 (11/05) 01042006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 75-3117926 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLANTON, MARK DO NOT WRITE 11617 INNFIELDS DR ODESSA, FL 33556 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS **PSTC** TITLE BLANTON, MARK E NAME U00000546399 11617 INNFIELDS DRIVE STREET ADDRESS 05/11/06-80114-012 150.00 CITY-ST-ZIP ODESSA, FL 33556 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CATY-ST-ZIP TITLE NAME

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: _\

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

42/00

23920103

Daytime Phone #