


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2006 08:00 AM
Secretary of State**

DOCUMENT # F05000002384 1. Entity Name NUMARK INTERNATIONAL, INC.	
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Principal Place of Business 5201 BROADWAY, SUITE 200 GARY, IN 46410	Mailing Address 5201 BROADWAY, SUITE 200 GARY, IN 46410
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02242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 45-0539194	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

1632 **JOHNSON, JAMES**
1648 BAKER STREET
PALM BAY, FL 32906

**DO NOT WRITE
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 *James Johnson*

4/15/2006

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
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

000000531852
05/06/06-80060-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PV JOHNSON, MICHAEL 5201 BROADWAY, SUITE 200 GARY, IN 46410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST JOHNSON, OSCAR 5201 BROADWAY, SUITE 200 GARY, IN 46410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Michael Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/2006

Date

21988 49424

Daytime Phone #