2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90374 026 ***150.00

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1. Entity Name
SHOW ROOM MARKETING CORP.

Principal Place of Business	Mailing Address
225 FIFTH AVENUE #1223 NEW YORK, NY 10010	305 VETERANS BLVD CARLSTADT, NJ 07072

04202006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
305 Veterans Blvd	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Carlstadt, NJ	City & State
Zip: 07072 Country: USA	Zip Country

4. FEI Number: 11-3115942 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Required Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PDC JACOBS, PAUL 57 MEWS LANE SOUTH ORANGE, NJ 07079	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 305 Veterans Blvd Carlstadt, NJ 07072
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVCD JACOBS, PAUL 57 MEWS LANE SOUTH ORANGE, NJ 07079	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 305 Veterans Blvd Carlstadt, NJ 07072
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SVCD GARCIA, ELSA 57 MEWS LANE SOUTH ORANGE, NJ 07079	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 305 Veterans Blvd Carlstadt, NJ 07072
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Paul Jacobs Paul Jacobs 4/20/06 201 933-9777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #