2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 12, 2006 8:00 am Secretary of State 04-12-2006 90080 019 ***150.00 DOCUMENT # F96356 RODAN MARKETING CORPORATION Mailing Address Principal Place of Business 40047032 17000 N BAY RD 17000 N BAY RD SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, FL 33160 No Chg-P CR2E034 (11/05) 04062006 DO NOT WRITE IN THIS SPACE Applied For 4. FE! Number Not Applicable 59-2227845 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DAVIDOVIC, ROBERT 17000 N BAY RD, #601 SUNNY ISLES BEACH, FL 33160 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) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DVS TITLE NAME DAVIDOVIC, ROBERT 17000 N BAY RD, #601 STREET ADDRESS CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS

IN THIS SPACE

FILED

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 supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I arn 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:

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

> ROBERT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVIDOVIC

786-246-6669