


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90136 040 \*\*\*150.00

|                                                                |                                                                                   |
|----------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # F97000006948</b>                                 |  |
| 1. Entity Name<br><b>SELECTIVE MARKETING OF DELAWARE, INC.</b> |                                                                                   |

|                                                                                            |                                                                   |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Principal Place of Business<br><b>7601 N FEDERAL HWY<br/>210-A<br/>BOCA RATON FL 33487</b> | Mailing Address<br><b>P.O. BOX 811060<br/>BOCA RATON FL 33481</b> |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------|

|                                                                  |                                           |
|------------------------------------------------------------------|-------------------------------------------|
| 2. Principal Place of Business<br><b>5280 BOCA MARINA CIRCLE</b> | 3. Mailing Address<br>Suite, Apt. #, etc. |
| Suite, Apt. #, etc.                                              | Suite, Apt. #, etc.                       |

|                                       |                      |
|---------------------------------------|----------------------|
| City & State<br><b>BOCA RATON, FL</b> | City & State         |
| Zip<br><b>33487</b>                   | Country<br><b>PB</b> |



1st MOORE CR2E034 (10/04)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>62-1650702</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b> |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                                     |  |
|-------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>KARNIOL, M L<br/>7601 N FEDERAL HWY<br/>STE 210-A<br/>BOCA RATON FL 33487</b> |  |
|-------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                    |                                      |
|----------------------------------------------------|--------------------------------------|
| 7. Name and Address of New Registered Agent        |                                      |
| Name                                               |                                      |
| Street Address (P.O. Box Number is Not Acceptable) | <b>5280 BOCA MARINA CIRCLE South</b> |
| City                                               | <b>BOCA RATON FL</b>                 |
| Zip Code                                           | <b>33487</b>                         |

|                                                                                                                                                                                                                               |                    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| 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 <i>M. L. Karniol</i>                                                                                                                                                                                                | DATE <i>4/6/05</i> |

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

|                                                                                     |                                    |
|-------------------------------------------------------------------------------------|------------------------------------|
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b> |
|-------------------------------------------------------------------------------------|------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                     |
|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD: <b>KARNIOL, M L</b> <input type="checkbox"/> Delete<br><b>7601 N FEDERAL HWY #210 A<br/>BOCA RATON FL 33487</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                     |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                               |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>5280 BOCA MARINA CIRCLE South<br/>BOCA RATON, FL 33487</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                             |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>M. L. Karniol</i> | DATE: <i>4/6/05</i> | DAYTIME PHONE: <i>561-99475035</i> |
|---------------------------------|---------------------|------------------------------------|