2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 AN Secretary of State DOCUMENT # G29704 1, Entity Name TWIN STATES MARKETING COMPANY, INC. Principal Place of Business Mailing Address 10293 100 STREET SOUTH 951 SW 4TH AVE. BOYNTON BEACH, FL 33437 BOCA RATON, FL 33432-5803 US 04182006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2523484 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BLAKEBERG, JON D. DO NOT WRITE C/O BLAKESBERG + CO, CPAS 951 S.W. FOURTH AVENUE IN THIS SPACE BOCA RATON, FL 33432-5803 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, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstalling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE U00000556**589** 05/17/06-80016-010 150.00 NAME KAUFMAN, GREGORY 15049 TALL OAK AVE STREET ADDRESS DELRAY BEACH, FL 33446 CITY-SI-ZIP TITLE NAME KAUFMAN, SHARON STREET ADDRESS 15049 TALL OAK AVE COY ST-71P DELRAY BEACH, FL 33446 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

12. Thereby 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 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: _

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

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