2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State **DOCUMENT # L02000008897** 02-20-2006 90140 025 ****50.00 1. Entity Name MATEX MARKETING INTERNATIONAL, LLC Principal Place of Business Mailing Address 20008976 665 S.E. 10TH STREET, SUITE 201 665 S.E. 10TH STREET, SUITE 201 DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33441 2. Principal Place of Business 3. Mailing Address 4701 North Federal Hwy 4701 North Federal Hwy Suite Apt. #, etc. Suite 480 Suite, Apt. #, etc. Suite 480 CR2E083 (11/05) 02142006 Chg-LLC City & State Applied For City & State 4. FEI Number Pompano Beach, FL Pompano Beach, FL 01-0677567 Not Applicable ^{Zip} 330<u>64</u> Country USA \$5.00 Additional 5. Certificate of Status Desired 33064 Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent PATTERSON, GEORGE A. PATTERSON, GEORGE A 665 S.E. 10TH STREET, SUITE 201 DEERFIELD BEACH, FL 33441 Pompano Beach 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 SIGNATURE . Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE MGRM ☐ Delete TITLE MATEX, DAVID R. MATEX, DAVID R NAME NAME STREET ADDRESS 665 S.E. 10TH ST., STE 201 STREET ADDRESS 4701 North Federal Highway Suite 480 CITY-ST-ZIP DEERFIELD BEACH, FL 33441 CITY-ST-ZIP Pompano Beach, FL 33064 TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITS E ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE TITLE ☐ Detete ☐ Change ☐ Addition NAME NAME STREET ADDRESS . STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change * NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP, 11: 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company of the receiver or trustee improved to execute this report as required by Chapter 608, Florida Statutes.

R PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGED, OR AUTHORIZED REDDESCRITATION

FILED Feb 20, 2006 8:00 am