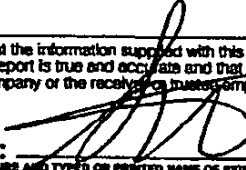


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT.

FILED
May 11, 2006 8:00 am
Secretary of State

04-24-2006 90039 008 ****50.00

DOCUMENT # L05000108045 1. Entity Name 2WENTY 2ND CENTURY MARKETING LLC					
Principal Place of Business 2539 STAVER STREET PORT CHARLOTTE, FL 33980			Mailing Address 2539 STAVER STREET PORT CHARLOTTE, FL 33980		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04172006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number 22-3930388	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		Applied For Not Applicable			
6. Name and Address of Current Registered Agent RUSSOTTO, SALVATORE 2539 STAVER STREET PORT CHARLOTTE, FL 33980			7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reselecting)					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RUSSOTTO, SALVATORE 2539 STAVER STREET PORT CHARLOTTE, FL 33980 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
11. 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 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			4/17/06 94-815-0930 Daytime Phone		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					