2005 FOR PROFIT CORPORATION

SIGNATURE:

Apr 25, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L38684** 04-25-2005 90301 023 ***150.00 MARK MANAGEMENT INVESTMENT CORPORATION Principal Place of Business Mailing Address ~~~4J4Z8 491 N SR 434 PO BOX 160580 **STE 125** ALTAMONTE SPRINGS, FL 32716-0580 US ALTAMONTE SPRINGS, FL 32714 2. Principal Place of Business 3. Mailing Address 2755 Border Lake Road 2755 Border Lake Road Suite, Apt. #, etc. Suite, Apt. #, etc. 02072005 Chg-P CR2E034 (10/03) Suite 101 Suite 101 City & State City & State 4. FEI Number Applied For FL Apopka, Apopka, 59-2982749 Not Applicable Country Country USA \$8.75 Additional 5. Certificate of Status Desired 32703-4857 32703-4857 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Meridythe Kanaga KANAGA, MERIDYTHE Street Address (P.O. Box Number is Not Acceptable) 2/55 Border Lake Road 491 N SR 434 **STE 125** ALTAMONTE SPRINGS, FL 32714 Suite 101 City Apopka 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) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE ☐ Delete TITLE ☐ Change Addition NAME KANAGA, RICK NAME STREET ADDRESS 1176 BRANTLEY ESTATES DRIVE STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP DST TITLE ☐ Delete TITLE ☐ Change ☐ Addition KANAGA, MERIDYTHE NAME NAME STREET ADDRESS 1176 BRANTLEY ESTATES DRIVE STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP D TITLE Delete TITLE ___ Addition Change KANAGA, RYAN NAME NAME STREET ADDRESS 380 S. SR 434 STE #1004-174 STREET ADDRESS CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714 CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIF CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

FILED