## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 10, 2006 08:00 AN Secretary of State

	WILLIAME	IZEI OIZI		_			00.00 1
1. Entity Nam	MENT # L61068 EARN MARKETING CORP.				Sec	cretary	of State
Principal Place	AB RD	Mailing Address 1000 W MCNAB RD					
POMPANO BI	CH., FL 33069	POMPANO BCH., FL 33069					
			- <u>-</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
DO NOT WRITE IN THIS SPAC				01052006 4. FEI Numb	No Chg-P er	CR2E034 (1	1/05) Applied For
				65-017		\$8.7	Not Applicable  5 Additional tequired
	6. Name and Address of Current R	gistered Agent			<del></del>	1 66 1	
KANFER, JACK 1000 WEST MCNAB RD POMPANO BEACH, FL 33069			DO NOT WRITE IN THIS SPACE				
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							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				5.00 May Be dded to Fees			
10.	OFFICERS AND D	RECTORS				The state of the s	- 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1
TITLE NAME	KANFER, JACK		Ī				
STREET ADDRESS CITY - ST - ZIP	1000 MCNAB RD POMPANO BCH., FL	<u> </u>					
TITLE NAME	D RUBIN, LEWIS	800000380897 01/11/06-80033-007 150. <b>0</b> 0					
STREET ADDRESS CITY-S1-ZIP	3200 N OCEAN BLVD 409 FT LAUDERDALE, FL 33308	Į		81/11/00.	-201122 <u>-</u> 01	r 150.00	
TITLE	TT BACOENDALE, TE 30000	3	1				
NAME EXPRES APPRESS			İ				
STREET ADDRESS CITY+ST-ZIP			l	DO	NOT W	RITE	
TITLE		<del></del>		IN '	THIS SP	PACE	
name Street address							
CTY-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	4				
TITLE NAME			1				
STREET ADDRESS			1				
CITY-ST-ZIP		<u> </u>	1				
NAME			1				
STREET ADDRESS CITY-ST-ZIP							
12. I hereby	Centify that the information supplied with to the control of the report or supplemental reports to report or trustee emporence or trustee emporence or an attachment with an address, with the control of the receiver or trustee.	nis filing does not qualify for the ex- rue and accurate and that my signa vered to execute this report as requ th all other like empowered.	emptions contain ature shall have the ired by Chapter (	ned in Chapter 11 ne same legal effe 307, Florida Statut	9, Florida Statutes, ct as if made under es; and that my nam	I further certify the oath; that I am an ne appears in Bloo	et the information officer or director xk 10 or Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: