


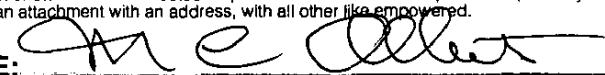


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90012 034 \*\*\*158.75

<b>DOCUMENT # M61561</b> 1. Entity Name <b>A &amp; V MARKETING GROUP, INC.</b>					
Principal Place of Business <b>9660 W SAMPEL RD # 104 CORAL SPRINGS, FL 33065</b>			Mailing Address <b>9660 W SAMPEL RD # 104 CORAL SPRINGS, FL 33065</b>		
2. Principal Place of Business: <b>6601 LYONS ROAD</b> Suite, Apt. #, etc. <b>C-6</b>		3. Mailing Address: <b>6601 LYONS ROAD</b> Suite, Apt. #, etc. <b>C-6</b>			
City & State <b>COCONUT CREEK, FL</b>		City & State <b>COCONUT CREEK, FL</b>		4. FEI Number <b>65-0016327</b>	
Zip <b>33073</b>		Country <b>BRUNAR</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ALBERTS, MARVIN C. 9822 NW 18TH ST CORAL SPRINGS, FL 33071</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE:  </div> <div style="width: 40%; text-align: right;"> <b>2/22/06</b>            DATE         </div> </div> <p style="font-size: small; text-align: center;">(NOTE: Registered Agent signature required when reinstating)</p>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>PSTD</b>	NAME <b>ALBERTS, MARVIN C</b>		TITLE <b>Michael ALBERTS</b>	NAME <b>Michael ALBERTS</b>	
STREET ADDRESS <b>6343 NW 36TH AVE</b>	CITY-ST-ZIP <b>COCONUT CREEK, FL 33073</b>		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE <b>CD</b>	NAME <b>ALBERTS, MARVIN</b>		TITLE 	NAME 	
STREET ADDRESS <b>9822 NW 18TH ST</b>	CITY-ST-ZIP <b>CORAL SPRINGS, FL 33071</b>		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE 	NAME 	
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TITLE 	NAME 		TITLE 	NAME 	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
12. 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 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: 			<b>2/22/06 954-292-4666</b> Date Daytime Phone #		