
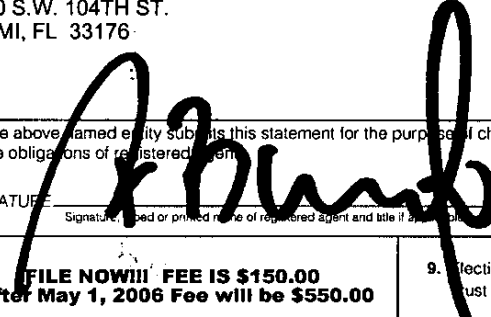
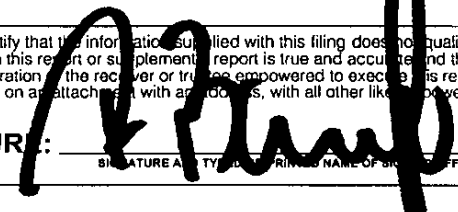


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2006 8:00 am**  
**Secretary of State**

01-24-2006 90011 047 \*\*\*150.00

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # M87714</b><br>1. Entity Name<br><b>MARKETING PROJECTS, INC.</b>  |  |   |   |  |  |
| Principal Place of Business<br><b>235 CATALONIA AVENUE</b><br><b>CORAL GABLES, FL 33134</b> <b>US</b>  |  |   | Mailing Address<br><b>P.O. BOX 161469</b><br><b>MIAMI, FL 33116</b>   |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |  |
| City & State   |  |   | City & State  |   |  |
| Zip  |  | Country   |   | Zip   |  |
| Country  |  | Country   |   | 01172006    Chg-P    CR2E034 (11/05)  |  |
| 4. FEI Number<br><b>65-0060316</b>   |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |   | <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BARRETO, RODNEY</b><br><b>9250 S.W. 104TH ST.</b><br><b>MIAMI, FL 33176</b>  |  |   | 7. Name and Address of New Registered Agent<br>Name <b>Rodney Barreto</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>235 Catalonia Avenue</b><br><b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b> |   |  |
| 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  (NOTE: Registered Agent signature required when reinstating)    DATE <b>1/18/06</b>   |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |  |   | 9. Election Campaign Financing<br><input type="checkbox"/> Just Fund Contribution. <b>\$5.00 May Be Added to Fees</b>   |   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | D<br>BARRETO, RODNEY<br>9250 S.W. 104TH ST.<br>MIAMI, FL | <input type="checkbox"/> Delete                                   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP       | <input type="checkbox"/> Change <input type="checkbox"/> Addition |   |   |  |
| 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; that 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 amendments, with all other like powers. |  |   |   |   |  |
| SIGNATURE:    |  |   | Date <b>1/18/06</b> (305) 444-4648  |   |  |