2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

FILED Apr 30, 2007 08:00 AN Secretary of State DOCUMENT # P0000018720 1. Entity Name RHO-MAR MARKETING, INC. Principal Place of Business Mailing Address **670 SAUSALITO BLVD 670 SAUSALITO BLVD** CASSELBERRY, FL 32707 CASSELBERRY, FL 32718-1504 CR2E034 (11/05) 04262007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3693626 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARTIN, FRANCIS A DO NOT WRITE 670 SAUSALITO BLVD CASSELBERRY, FL 32707 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. TAG Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE FRANCIS, MARTIN A NAME STREET ADDRESS 670 SAUSALITO BLVD .05/16/07-80010-010-150.00 CASSELBERRY, FL 32707 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST: ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME, STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied wan 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 told 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 trusted epipowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address with all other like empowered.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

red to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if