2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Feb 02, 2005 8:00 am Secretary of State DOCUMENT # P00000032705 02-02-2005 90058 040 ***150.00 THINKPENNY ADVERTISING & DESIGN, INC. Principal Place of Business Mailing Address 2464 PRAIRIE AVE 6 MIAM FL 33140 P O BOX 223592 HOLLYWOOD FL 33022-3592 50009610 2. Principal Place of Business 3. Mailing Address 2NE 40th Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) #401 City & State -City & State 4. FEI Number Applied For 65-0995350 Not Applicable Mame Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 3313 Dade Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Meany FJ 33138 PENNY, JUDY Street Address (P.O. Box Number is Not Acceptable) 940 LINESUN ROAD MIAMITE 33139 -Zip Code <u> 33138</u> 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ponny Judy 2 NE Jyoth Street 5 Suto 401 Delete Change TITLE TITLE PENNY, JUDY NAME NAME 94T LINCOLAL BOAD, SUITE 323 STREET ADDRESS STREET ADDRESS mi, FQ 33137 MEANT FL 33139 CITY-ST-ZIP CITY-ST-7IP TITLE 🔀 Change ☐ Addition ☐ Delete TITLE Remo REMY, FRANCES NAME NAME 940 LINCOLN ROAD, SUITE 323 ١٥١ علسو STREET ADDRESS STREET ADDRESS MIAMPFL 33139 CITY-ST-ZIP CITY-ST-ZIP 33/3 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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