2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 23, 2004 8:00 am Secretary of State DOCUMENT #-P0000040515 1. Entity Name 04-23-2004 90236 006 ***150.00 MARKETING & SALES ESSENTIALS, INC. Principal Place of Business Mailing Address 1822 N UNIVERSITY DR PLANTATION FL 33322 1822 N UNIVERSITY DR PLANTATION FL 33322 2. Principal Place of Business 3. Mailing Address Same Suite, Apt. #, etc Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-1001325 Not Applicable Zip. Country Country Zip \$8.75 Additional 5.=Certificate.of.Status.Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEORGE, JOHN G Street Address (P.O. Box Number is Not Acceptable) 315 S.E. 7TH ST. SUITE 301 FORT LAUDERDALE FL 33301 Zip Code FI 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) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 President TITLE Delete TITLE Addition Herbert Mederer NAME HEINEKING, LUDWIG NAME STREET ADDRESS MITTLESTRASSE 52-54 O.Strabe 94 STREET ADDRESS CITY-ST-ZIP KOELN GE D-506-2 CITY-ST-ZIP Furth Germany TITLE Delete Treasurer TITLE Change Addition Walter bittmar NAME = FIRMIGNAC, GOERGES NAME Ostrabe 94 13101 PARKSIDE TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COOPER CITY FL 33330 CITY-ST-ZIP Furth Geman Delete TITLE Sccretory Change Addition borem in Defonzo NAME ALEXANDER DENNIS NAME 2341 Chestnot CET STREET ADDRESS 4312 N 162 AVENUE STREET ADDRESS Penloro Ke Pines F1 33026 CITY-ST-ZIP **OMAHA NE 68116** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT) F TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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12. Thereby certify that the information supplied with this filling 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. SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP