2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2006 08:00 AM Secretary of State **DOCUMENT # P01000018751** 1. Entity Name MYDOMAINING.COM, INC. Principal Place of Business Mailing Address 2491 MERIDIAN AVE 2491 MERIDIAN AVE MIAMI BEACH, FL 33140 MIAMI BEACH, FL 33140 04242006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1085946 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE PLOTKIN, DAVID 2491 MERIDIAN AVE. MIAMI BEACH, FL 33140 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. (NOTE: Registered Agent algorature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be U00000535522 FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 05/08/06-80057-001 150.00 OFFICERS AND DIRECTORS 10. TITLE D POLTKIN, DAVID J NAME STREET ADDRESS 2491 MERIDIAN AVE MIAMI BEACH, FL 33140 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADDRESS GITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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 it made under oath; that I am an officer or direction 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 changed, or on an attachment wiffigan address, with all other like empowered. changed, or on an attachment w

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TOLE NAME STREET ADDRESS CITY-ST-702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

305 672 8312

Daylima Phone 9