FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 08:00 AN Secretary of State DOCUMENT # P01000099253 MARCUS CONSULTING, INC. Principal Place of Business Mailing Address 8221 W GLADES RD #210C 8221 W GLADES RD #210C BOCA RATON, FL 33434 **BOCA RATON, FL 33434** 04262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1142681 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARCUS, ROY DO NOT WRITE 8221 W GLADES RD #210C BOCA RATON, FL 33434 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Redistered Ament standure required when relaxation) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10, OFFICERS AND DIRECTORS DPST TITE F NAME MARCUS, ROY STREET ADDRESS 8221 W GLADES RD SUITE 210C CITY-ST-ZIP BOCA RATON, FL 33434 TITLE NAME U00000552798 05/15/06~80024-025 150.00 STREET ADORESS CITY-ST-ZIP TIM F NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP

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 certify that I am an officer or director of the corporation or the receiver or distance 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 agreatoress, with all other like empowered?

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AD TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-0 (56/5)
Date Dayline Phone # C

FILED