FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (LIBD)

FILED May 24, 2002 8:00 am Secretary of State

Daytime Phone #

DOCUMENT 3 1. Entity Name		05-24-2002 91330	003 ***158.75			
AKA Marketing and Consulting Inc						
DO NOT WRITE IN THIS SPACE						
2. Principal Place of Busines 19535 GU Suite, Apt. #, etc.	3. Mailing Address 9 53 5 6 Suite, Apt. #, etc.	1535 CNF CNG.		DO NOT WRITE IN THIS SPA	ACE	
Indian Shores PC		-City& State Show FC		4. FEI Number Applied For Sq. 3755 233 Not Applicable		
33782	Country V2 A	33782	Country UJA	5. Certificate of Sta	atus Desired 4 \$6	3.75 Additional e Required
7. Name and Address of Current Registered Agent Name ONNET Street Address (P.O. Box Number is Not Acceptable) Ood IN THIS SPACE						
	*IHIS-SE	ACE PROPERTY OF A	Su,	te 2		
8. The above named entity s	ubmits this statement for	the purpose of changing its	City (c	rgo	FL	Zip Code 33771
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. Signature Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
This corporation is eligible Tax filing requirement and (See criteria on back)	e to satisfy its Intangible d elects to do so.	After May 1 Amended	ay 1. Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25 e to Department of Sta	10. Election	Campaign Financing and Contribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AND D		TITLE			
NAME STREET ADDRESS Any	K. Averback.	'H √2. # C	NAME STREET ADDRESS CITY: S1-ZIP			CRZE034B (12/01)
NAME STREET ADDRESS		fl 337 8 5	NAME STREET ADDRESS	ung birthad pali de persis 1865 yildir daksi karabadi 1888 yildir daksi daksi darah		CR2E0
CITY-ST-ZIP TITLE			CITY-ST-ZIP			
NAME STREET ADDRESS CITY-ST-ZIP			NAME "STREET ADDRESS" CITY-ST-ZIP	DÖ	NOT WRIT	
TITLE NAME STREET ADDRESS CITY- ST- ZIP			TITLE NAME: STREET ADDRESS:	INT	HIS SPACE	
TITLE NAME STREET ADDRESS			CITY-SI-ZIP			
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP 144		un ergi erakut. Bi (e. 1914) Julia Politika erapen (e. 1914)	
TITLE NAME STREET ADDRESS CITY- ST- ZIP			NAME: STREET ADDRESS:		Michigan Carl Sales (1994)	
 I hereby certify that the infindicated on this report or of the corporation or the rattachment with an address 	ormation supplied with the supplemental report is tre eceiver or trustee empoy ss, with all other like empo	is filing does not qualify for it ue and accurate and that my vered to execute this report a owered.	ne exemption stated in Se	ction 119.07(3)(i), Flori same legal effect as if r or, Florida Statutes; an	da Statutes. I further certify the made under oath; that I am a did that my name appears in I	nat the information n officer or director Block 11 or on an
SIGNATURE:s	IGNATURE AND TYPES OF FRIN	YED NAME OF SIGNING OFFICER OR	ny K. Aver.	Beels 5	1/1/2) 41.	596-0700