FILED Jan 30, 2006 8:00 am Secretary of State 01-30-2006 90036 029 ***150.00

2006 FOR PROFIT CORPORATION

ANNUAL KEPUKI								01-30-200	0 2003	0 029	130.00
1. Entity Narr	пе	# P01000 ARKET, INC.)12129	92		60007846					
Principal Place of Business Mailing Address							7			,	
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3930 W COLUMBIA ST				3930 W COLUMBIA ST							
ORLANDO, FL 32805 ORLANDO, FL 32805								1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TE 11 1 77 1 31 1 1 1 11	181 AUDIT (11171 (1	
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01122006	Chg-P	CR2E0	34 (11/05)	
City & State				City & State		4. FEI Numb			-	oplied For ot Applicable	
Zip	Country			Zip	Cour	ntry		of Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of C	urrent Regi	stered Agent	7. Name and Address of New Registered Agent						
0011 = 7011 1 45 5 111						Name K ASSVE TESFAI					
COLLETO						Street Address (P.O. Box Number is Not Acceptable)					
2300 E CONCORD ST ORLANDO, FL 32803						3930 W Columbia St.					
						City D	Vlanda		FL	Zip Cod	805
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 act the obligations of registered agent.											and accept
SIGNATURE X											
Signature, typed or printed name of regulatered agent and title if applicable (NOTE: Registered Agent arginisture required when reinstalling) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees											
10.		OFFICER	S AND DIRE	CTORS	11.		ADDITIONS	CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 11
TITLE	D Delete TIT					E				Change	Addition
NAME	KASSYE, TESFAI NA					E :					
STREET ADDRESS						ET ADDRESS					
CITY+ST-ZIP	ORLANDO, FL 32805					-S1-ZIP					
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NAME	N.					- 1					
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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 cath; 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 exattachment with an address, with all other like empowered.											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Devictor Phone #											
		SIGNAL ONE AND IT	. LD ON PRIMIT	or ordered orrack	OR DIRECT	· • •		LOSE	U	aylama Phone #	