2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2005 08:00 AM Secretary of State

DOCUMENT # P0200009827 1. Entity Name NICOLACE MARKETING INC.					Secretary of State
6479 53RD	e of Business CIRCLE I, FL 32967	Mailing Address 6479 53RD CIRCLE VERO BEACH, FL 32967		I SOUTH BERLEIN BOUGH OF A CONTROL OF A CONT	
DO NOT WRITE IN THIS SPACE				01212005 No Chg-P 4. FEI Number 26-0029115 5. Certificate of Status Desire	Applied For Not Applicable
NICOLACE, MAUREEN 6479 53RD CIRCLE VERO BEACH, FL 32967 NICOLACE, MAUREEN 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. THOSE Registered Agent signature regulatory resources when releasting) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.				000205702 05-80056-017 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NICOLACE, MAUREEN 6479 53RD_CIRCLE VERO BEACH, FL 32967		- - - - - -		<u>(5-66956-51) 130.00</u>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP 12. hereby	certify that the information supplied with	n this filing does not qualify for the exe	emption stated in Se	ection 119 07(3)(i), Florida Statu	tes. I further certify that the information
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(f). 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: MAUVILLA STATUTE HOUSE AND					

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR