2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2005 08:00 AM

| 1. Entity Nam | MENT # P020000385 RKETING, INC. | | Secretary of State | | | | |
|---|--|--|--------------------|------------------------------------|---------------------------|--------------------|----------|
| 21701 HAMMOCK POINT DRIVE 21 | | Mailing Address 21701 HAMMOCK POINT DRIVE BOCA RATON, FL 33433 | | | | | |
| C | OO NOT WRITE | IN THIS SPA | CE | 01262005 4. FEI Numbe 75-304 | | CR2E034 | |
| | 6. Name and Address of Current Re | distered Agent | | | Andrew on the contract of | ÷ | |
| 21701 HAI | NFORD M MMOCK POINT DRIVE TON, FL 33433 | DO NOT WRITE 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. Registered Agent signature required when reinstating) DATE | | | | | | | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00 | 9. Election Campaign Finar Trust Fund Contribution, | | \$5.00 May Be Added to Fees | | | *** |
| 10. | OFFICERS AND DIF | RECTORS | 1 | | | | |
| TITLE NAME STREET ADDRESS CITY-SY-ZIP | PD GOLD, SANFORD M 21701 HAMMOCK POINT DRIVE BOCA RATON, FL 33433 | | | | | ·• · - | |
| THTLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | U000003 04/21/05-8 | 321356 90076-00 | 3 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT W | RITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN THIS SPACE | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | | |

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR