
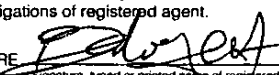
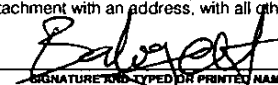


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2005 8:00 am
Secretary of State

09-06-2005 90137 015 ***158.75

DOCUMENT # P02000045984 1. Entity Name MACRO CODES CORPORATION			
Principal Place of Business 520 SOUTH DIXIE HIGHWAY HALLANDALE, FL 33009		Mailing Address 520 SOUTH DIXIE HIGHWAY HALLANDALE, FL 33009	
2. Principal Place of Business 19292 E COUNTRY CLUB DR Suite, Apt., #, etc. DRIVE City & State ACENTURA FL Zip 33180 Country MAAMI DAE		3. Mailing Address 19292 E COUNTRY CLUB DR Suite, Apt., #, etc. DRIVE City & State ACENTURA FL Zip 33180 Country MAAMI DAE	
4. FEI Number 65-1177268		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent INWANG, GLORY P 520 SOUTH DIXIE HIGHWAY HALLANDALE, FL 33009		7. Name and Address of New Registered Agent Name OLUFEMI BALOGUN Street Address (P.O. Box Number is Not Acceptable) 19292 E COUNTRY CLUB DR City ACENTURA FL Zip Code 33180	
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  DATE 08/22/05 <small>(NOTE: Registered Agent signature required when resigning)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BALOGUN, OLUFEMI A 520 SOUTH DIXIE HWY. HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHIEF DEVELOPER/FOUNDER OLUFEMI A BALOGUN SAME - AS - ABOVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D INWANG, GLORY P 520 SOUTH DIXIE HWY. HALLANDALE, FL 33009 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHAIRMAN OLUFEMI A BALOGUN SAME - AS - ABOVE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO AALASHADE TITAN SAME - AS - ABOVE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing 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.			
SIGNATURE: 		Date 08/22/05 Daytime Phone # 305 931 7548	