

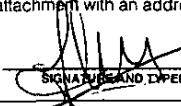


# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P02000062487</b> 1. Entity Name <b>MARKETWAYS CONSULTING INC.</b>						<b>FILED</b> 05 AUG 24 PM 2:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA 																																			
Principal Place of Business <b>1835 E HALLANDALE BCH BLVD 261 HALLANDALE BEACH, FL 33009</b>				Mailing Address <b>1835 E HALLANDALE BCH BLVD 261 HALLANDALE BEACH, FL 33009</b>																																					
2. Principal Place of Business		3. Mailing Address		08232005 Chg-P CR2E034 (10/03)		4. FEI Number <b>75-3063419</b>		Applied For <input type="checkbox"/> Not Applicable																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																	
City & State		City & State		Zip		Country		Zip																																	
6. Name and Address of Current Registered Agent  <b>JUNE, BRADLEY 1000 BRICKELL AVENUE #1040 MAIMI, FL 33131</b>					7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>																																				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																									
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																					
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																				
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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.																																									
<b>SIGNATURE:</b> 					<b>JUAN F BERNAL (M)</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																				
					Date: <b>8/23/05</b> Daytime Phone #: <b>305-968-0994</b>																																				