## **2006 FOR PROFIT CORPORATION**

## **ANNUAL REPORT DOCUMENT # P02000096805**

**SIGNATURE:** 



**FILED** Jun 28, 2006 8:00 am Secretary of State 06-28-2006 90002 045 \*\*\*150.00

6/20/06 56/-736-2695 Date Dayume Prone #

| 1. Entity Name ACE MARKETING SOLUTIONS, INC.   |   |                                      |                               |   |                           | 06-28-2006 900        | 002 045 ***150.00                              | Э                           |
|--|---|--------------------------------------|-------------------------------|---|---------------------------|-----------------------|--|-----------------------------|
| Principal Place of Business Mailing Address PO BOX 970840 P.O. BOX 970840 COCONUT CREEK, FL 33097 US COCONUT CREEK, FL 330   |   |                                      | 97 US                         |   |                           | ٠.                    |  |                             |
| 2. Principal Place of Business  PO Sox 2440F3  Suite, Apt. #, etc.  3. Mailing Address  PO Sox 24  Suite, Apt. #, etc.   |   |                                      | 244083                        |   |                           |                       |  |                             |
| Suite, Apt. #, etc. Suite, Apt. #, etc.  |   |                                      |                               |   | 06262006                  | Chg-P                 | CR2E034 (11/05)                                |                             |
| City & State BOYNTON DEACH, FL BOYNTON BEACH   |   |                                      | rH, F                         | て   | 4. FEI Number 03-0481247  |                       |  | oplied For<br>ot Applicable |
| City & State  SOYNTON SEACH, FC  SOYNTON SEACH  Zip  33424  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi   |   |                                      | Country U                     | A   | 5. Certificate            | of Status Desired     | S8.75 Add Fee Require                          |                             |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  |   |                                      |                               |   |                           |                       |  |                             |
| SANTANGELO, DAVID<br>PO BOX 970840<br>COCONUT CREEK, FL 33097  |   |                                      |                               | Name SANTANGERO, DINIO Street Address (P.O. Box Number is Not Acceptable) |                           |                       |  |                             |
|  |   |                                      |                               | 4102 ARTEGA DA.   |                           |                       |  |                             |
|  |   |                                      |                               | Gity BOYNTON SEACH FL Zip Code 33436                                      |                           |                       |  |                             |
| 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 registred agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  OATE  |   |                                      |                               |   |                           |                       |  |                             |
|  |   |                                      |                               |   |                           |                       |  |                             |
| FILE NOW!!! FEE IS \$150.00  Due by September 6, 2006  9. Election Campaign Financia  Trust Fund Contribution.   |   |                                      |                               | \$5<br>Add  | .00 May Be<br>led to Fees |                       | ith s. 607.193(2)(b),<br>not receive the prior |                             |
| 10.  | OFFICERS AND                                | DIRECTORS                            | 11.                           |   | ADDITIONS                 | /CHANGES TO OFFI      | CERS AND DIRECTOR                              | S IN 11                     |
| TITLE<br>NAME  | D<br>SANTANGELO, DAVID                      | ☐ Defete                             | TITLE<br>NAME                 | Desam   | TIMBEL                    | n abrila              | -Ex Change                                     | Addition                    |
| STREET ADDRESS   |   |                                      |                               | SANTON GELO, DIVIO DORESS 4102 ANTESA DI ZIP BOYNTON BEACH, FL 33436      |                           |                       |  |                             |
| CITY-ST-ZIP  | COCONUT CREEK, FL 33097                     |                                      | CITY-ST-ZIP                   | De)   | INTON B                   | FOCH, M               | 33436  |                             |
| TITLE<br>NAME  |   | Delete                               | TITLE<br>NAME                 |   |                           |                       | Change   | Addition                    |
| STREET ADDRESS   |   |                                      | STREET ADDRESS                |   |                           |                       |  |                             |
| CITY-ST-ZIP  |   |                                      | CITY-ST-ZIP                   |   |                           |                       |  | -                           |
| TITLE  |   | ☐ Delete                             | TITLE                         |   |                           |                       | ☐ Change                                       | ☐ Addition                  |
| NAME<br>STREET ADDRESS   |   |                                      | NAME<br>STREET ADDRESS        |   |                           |                       |  |                             |
| CITY-ST-ZIP  |   |                                      | CITY-ST-ZIP                   |   |                           |                       |  |                             |
| TITLE  |   | ☐ Defete                             | TITLE                         |   |                           |                       | ☐ Change                                       | Addition                    |
| NAME<br>STREET ADDRESS   |   |                                      | NAME<br>STREET ADDRESS        |   |                           |                       |  | ĺ                           |
| CITY-ST-ZIP  |   |                                      | CITY-ST-ZIP                   |   |                           |                       |  |                             |
| TITLE  |   | ☐ Delete                             | TATLE                         |   |                           |                       | ☐ Change                                       | ☐ Addition                  |
| NAME   |   |                                      | NAME                          |   |                           |                       |  |                             |
| STREET ADDRESS CITY-ST-ZIP   |   |                                      | STREET ADDRESS<br>CITY-ST-ZIP |   |                           |                       |  |                             |
| TITLE  |   | □ Delete                             | TITLE                         |   |                           |                       | Change   | ☐ Addition                  |
| NAME   |   | _ 20,000                             | NAME                          |   |                           |                       |  | _                           |
| STREET ADDRESS   |   |                                      | STREET ADDRESS                |   |                           |                       |  |                             |
| CITY-ST-ZIP  | portify that the information assembled some | this filing does not avalled for the | CITY-ST-ZIP                   | oontsis -   | d in Chaster 11           | O. Florido Ptotutos 1 | further portification at a                     | information                 |
| 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 oath; that I am an officer or director of the corporation or the receiver of 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. |   |                                      |                               |   |                           |                       |  |                             |

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR