



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90033 042 \*\*\*150.00

<b>DOCUMENT # P02000099795</b> 1. Entity Name <b>MARKETING &amp; COMMUNICATION SOLUTIONS OF AMERICA, INC.</b>					
Principal Place of Business <b>380 SEMINOLE DRIVE ORMOND BEACH, FL 32174</b>			Mailing Address <b>380 SEMINOLE DRIVE ORMOND BEACH, FL 32174</b>		
2. Principal Place of Business <i>380 Seminole Dr.</i>		3. Mailing Address <i>380 Seminole Dr.</i>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		<b>03202005 Chg-P CR2E034 (10/03)</b>	
City & State <i>Ormond Beach, FL</i>		City & State <i>Ormond Beach, FL</i>		4. FEI Number <b>56-2294197</b>	
Zip <i>32174</i>		Country <i>USA</i>		Applied For <input type="checkbox"/> Not Applicable	
Zip <i>32174</i>		Country <i>USA</i>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BARKIN, MARSHALL H 149 RIDGEWOOD AVENUE SUITE 710 DAYTONA BEACH, FL 32114</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</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		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD <b>POTECT, ALONZO III</b> <b>380 SEMINOLE DRIVE</b> <b>ORMOND BEACH, FL 32174</b>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>Potect</b> <i>(correct spelling of last name)</i>	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST <b>POTECT, MIRIAM</b> <b>380 SEMINOLE DRIVE</b> <b>ORMOND BEACH, FL 32174</b>		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>Potect</b> <i>(correct spelling of last name)</i>	
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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 an other like empowered.					
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>MARCH 26, 2005</b> <small>Date</small>		