2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 08, 2006 08:00 A Secretary of State

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DOCUMENT # P0300002814 1. Entity Name FOX MARKETING INTERNATIONAL, INC.					Secretary of Sta
Principal Place of Business Mailing Address 117 SUNSET BAY DRIVE PALM BEACH GARDENS, FL 33418 PALM BEACH GARDENS, FL 33			3418	 	ATUN TOIN TOU BUILD HER HER HIN HER BRIEFAN JUST
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DO NOT WRITE IN THIS SPACE				04202006 No Chg	J-P CR2E034 (11/05) Applied For
and the second		in the first of the second of	St. B. Carrier	90-0056051	Not Applicable
	6. Name and Address of Current Re	The state of Assault	a substant the	5. Certificate of Status De	sired S8.75 Additional Fee Required
CDATZ 6		igistered Agent		and the second	Grand Commission of the Commis
CRATZ, STEPHEN P 117 SUNSET BAY DRIVE PALM BEACH GARDENS, FL 33418			15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DO NOT	
				IN THIS	SPACE
	named entity submits this statement for tions of registered agent.	ne purpose of changing its register	red office or register	red agent, or both, in the Sta	te of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Register)	ed Agent signature required	l when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		.00 May Be ed to Fees	
10.	OFFICERS AND DI	RECTORS	at the man	to get by the second applied to	as a second of the second of t
NAME STREET ADDRESS CITY-ST-ZIP	D CRATZ, STEPHEN P 117 SUNSET BAY DRIVE PALM BEACH GARDENS, FL 334	18	a state and a second		0000563376 /06-80010-003 150.00
TITLE NAME STREET ADDRESS			A profession of the control of the c	en de marie de la proposición de la companya de la	eg Mangaga din sering ng ng kalang at gara. Sa kanada Mangaga ng kalang at sa sa
CITY-ST-ZIP TITLE RAME			office of the state of		and the second second second second
STREET ADDRESS CITY-ST-ZIP			in the second	DO NOT	WRITE
TITLE NAME STREET ADDRESS			Prof. of the contract of	IN THIS	SPACE
CITY-ST-ZIP TITLE	***************************************		material section of the	all a state of the	well of the constitution of the
NAME STREET ADDRESS CITY-ST-ZIP					en de la companya de
TITLE NAME STREET ADDRESS					

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.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

120/06

761-776-4322