



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 21, 2005 8:00 am**  
**Secretary of State**

01-21-2005 90083 003 \*\*\*150.00

<b>DOCUMENT # P03000097061</b> 1. Entity Name <b>MARKETRAK, INC.</b>																													
Principal Place of Business <b>1825 PONCE DE LEON BOULEVARD #194 CORAL GABLES, FL 33134</b>			Mailing Address <b>1825 PONCE DE LEON BOULEVARD #194 CORAL GABLES, FL 33134</b>																										
2. Principal Place of Business <b>3109 GRAND AVE.</b>		3. Mailing Address <b>3109 GRAND AVE.</b>		<div style="font-size: 24px; font-weight: bold;">40004049</div>  <div style="display: flex; justify-content: space-between; font-size: 10px;"> <span>01182005</span> <span>Chg-P</span> <span>CR2E034 (10/03)</span> </div>																									
Suite, Apt. #, etc. <b># 249</b>		Suite, Apt. #, etc. <b># 249</b>																											
City & State <b>COCONUT GROVE FL</b>		City & State <b>COCONUT GROVE, FL</b>																											
Zip <b>33133</b>		Zip <b>33133</b>																											
Country <b>U.S.</b>		Country <b>U.S.</b>		4. FEI Number <b>57-1190542</b>																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																													
6. Name and Address of Current Registered Agent <b>BLUMBERG, ROBERT 3500 CORAL WAY #811 MIAMI, FL 33145</b>																													
7. Name and Address of New Registered Agent Name <b>Blumberg, Robert.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3160 MATILDA ST.</b> City <b>MIAMI</b> FL Zip Code <b>33133</b>																													
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: <b>R. B. Blumberg</b> DATE: <b>1/18/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>																													
<div style="display: flex; justify-content: space-between;"> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2005 Fee will be \$550.00</b> </div> <div>             9. Election Campaign Financing  <input type="checkbox"/> Trust Fund Contribution           </div> <div> <b>\$5.00 May Be Added to Fees</b> </div> </div>																													
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BLUMBERG, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3500 CORAL WAY, #811</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33145</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">D</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Blumberg, Robert</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3160 MATILDA ST.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33133</td> <td></td> </tr> </table> </div> </div>						TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	BLUMBERG, ROBERT		STREET ADDRESS	3500 CORAL WAY, #811		CITY-ST-ZIP	MIAMI, FL 33145		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Blumberg, Robert		STREET ADDRESS	3160 MATILDA ST.		CITY-ST-ZIP	MIAMI, FL 33133	
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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.																													
SIGNATURE: <b>R. B. Blumberg</b> Date: <b>1/18/05</b> Daytime Phone #: <b>786-247-1540</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													