


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90036 038 ***155.00

DOCUMENT # P03000100193					
1. Entity Name MARKET E'S, INC.					
Principal Place of Business 275 E CENTRAL PKWY #418 ALTAMONTE SPRINGS, FL 32701			Mailing Address 275 E CENTRAL PKWY #418 ALTAMONTE SPRINGS, FL 32701		
2. Principal Place of Business 2295 S. Hiawassee Rd.		3. Mailing Address 2295 S. Hiawassee Rd.			
Suite, Apt. #, etc. # 208		Suite, Apt. #, etc. # 208			
City & State Orlando - FL		City & State Orlando - FL		4. FEI Number 30-0202788	
Zip 32835		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOWDER, BARRY K 275 E CENTRAL PKWY #418 ALTAMONTE SPRINGS, FL 32701			7. Name and Address of New Registered Agent Name SOWDER BARRY K Street Address (P.O. Box Number is Not Acceptable) 2295 South HIAWASSEE Rd. # 208 City ORLANDO FL Zip Code 32835		
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 <u><i>Barry Sowder</i></u> Barry Sowder 01/16/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SOWDER, BARRY K <input type="checkbox"/> Delete 275 E CENTRAL PKWY #418 ALTAMONTE SPRINGS, FL 32701		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Sowder, Barry K <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 584 Brantly Terrace Way #203 Altamonte Springs-FL-32714	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATEL, PARESHA <input type="checkbox"/> Delete 7718 BROADMAR HILL CIRCLE ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Patel Puresha <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2237 Baesel View Dr. Orlando-FL-32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATEL, YATINKUMAR <input type="checkbox"/> Delete 7718 BROADMAR HILL CIRCLE ORLANDO, FL 32835		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Patel Yatinkumar <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2237 Baesel View Dr. Orlando-FL-32835	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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: <u><i>Yatinkumar Patel</i></u> Yatinkumar Patel <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01/16/06 321-293-0140 <small>Date Daytime Phone #</small>		