2006 FOR PROFIT CORPORATION

Jan 23, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P04000090330** 01-23-2006 90052 020 ***150.00 THE MARKET GUYS, INC. Mailing Address Principal Place of Business 3520 VESTAVIA WAY 3520 VESTAVIA WAY LONGWOOD, FL 32779 LONGWOOD, FL 32779 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For City & State City & State 20-1245282 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MONTE, ANTHONY J III Street Address (P.O. Box Number is Not Acceptable) 3520 VESTAVIA WAY LONGWOOD, FL 32779 City 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 athory SIGNATURE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change Addition MONTE, ANTHONY J III NAME NAME STREET ADDRESS 3520 VESTAVIA WAY STREET ADDRESS LONGWOOD, FL. 32779 City-St-ZiP CITY-ST-7IP Delete TITLE TITLE ☐ Addition SWOPE, RICHARD H NAME MARKE STREET ADDRESS 3520 VESTAVIA WAY STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 CITY-ST-ZIP TITLE TITLE Change ■ Addition NAME CLARK, CHRISTOPHER 3520 VESTAVIA WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 CITY-ST-ZIP DILE TITLE Change Addition JOHNSON, BILL NAME NAME STREET ADDRESS 3520 VESTAVIA WAY STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779 CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE IIILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

FILED

Daytime Phone #