2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Aug 31, 2005 8:00 am Secretary of State DOCUMENT # P04000103141 t. Entity Name 08-02-2005 90032 002 ***150.00 BANNER MARKETING SERVICES INC Principal Place of Business Mailing Address 1533 LAWNDALE CIRCLE WINTER PARK FL 32792 1533 LAWNDALE CIRCLE WINTER PARK FL 32792 2. Principal Place of Business 3. Mailing Address 1533 LAWN /*\$*33 WANDALE CIRCLE Suite, Apt. #, etc. Suite, Apt. #, etc. 2nd MOORE CR2E034 (5/05) City & State 4. FEI Number Applied For 42-1637873 WINICR WINTER RH FI Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Schinole Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name -BANNER, JERRY Street Address (P.O. Box Number is Not Acceptable) 1533 LAWNDALE CIRCLE WINTER PARK FL 32792 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 the obligations of projectered agent. SIGNATURE FILE NOW!!! FEE IS \$550.00 \$.607.193(2)(b), F.S.; allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 7, 2005 late fee. By checking this box, the corporation certifies it Trust Fund Contribution, Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT TITLE ☐ Delete TITLE Change DAddition JERRY BANNER NAME NAME 33 LAWNDALE CIRCLE STREET ADDRESS STREET ADDRESS CITY-S1-71P WINTER PARK FL CITY-ST-ZP MALE VICE PesideNi TITLE ☐ Change Addition MARIAN BANNER NAME NAME 1533 LAWIDALE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY - ST - ZIP TITLE ☐ Change ☐ Dalets TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - 51 - ZP CITY-ST-ZIP DILE ti TL E ☐ Delete ☐ Chance ☐ Addition HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Chance ☐ Addition TITLE NAME NAME STREET ACCRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE hne ☐ Chance Delete Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CHY-ST-7IP 12. Thereby certify that the information supplied with this filling 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 end 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.

FILED