-2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 03, 2006 08:00 AM Secretary of State DOCUMENT # P04000135240 WINNING EDGE MARKETING, INC. Principal Place of Business Mailing Address 8831 S.W. 149 STREET 8831 S.W. 149 STREET MIAMI, FL 33176 MIAMI, FL 33176 US No Chg-P CR2E034 (11/05) 01302006 DO NOT WRITE IN THIS SPACE Applied For 4. FET Number 47-0945481 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PRONGAY, THOMAS L DO NOT WRITE 8831 S.W. 149 STREET MIAMI, FL 33176 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstalling) Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PRONGAY, THOMAS L MAME 8831 S.W. 149 STREET STREET ADDRESS MIAMI, FL 33176 C3TY - ST- 71P TILLE NAME STREET ADDRESS CITY-ST-TIP TITLE NAME STREET AUDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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: .

IIILE NAME STREET ADDRESS City-St-21P

> homas OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR

Daytime Phone #

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