Apr 26 2006 8:10AM WACHHOLDER & STREIMER, PA

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90246 032 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000142038

1. Entity Name
MLB MARKETING, INC.

Principal Place of Business	Mailing Address
8362 PINES BLVD #179 PEMBROKE PINES, FL 33024	8362 PINES BLVD #179 PEMBROKE PINES, FL 33024

03092006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
1121 S. Military Trail	1121 S. Military Trail
Suite, Apt. #, etc.: Suite 327	Suite, Apt. #, etc.: Suite 327
City & State: Deerfield Beach, FL	City & State: Deerfield Beach, FL
Zip: 33442 Country: US	Zip: 33442 Country: US

4. FEI Number: 20-1746574 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PROULX, MARK
8362 PINES BLVD #179
PEMBROKE PINES, FL 33024

7. Name and Address of New Registered Agent
Name: Proulx, Mark
Street Address (P.O. Box Number Is Not Acceptable): 887 Siesta Key Dr. #723
City: Deerfield Beach, FL Zip Code: 33441

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: [signature] MARK D. PROULX 4/26/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D PROULX, MARK D 8362 PINES BLVD #179 PEMBROKE PINES, FL 33024 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Proulx, Mark D. 887 Siesta Key Dr. #723 Deerfield Beach, FL 33441 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: [signature] 4/26/06 786-543-4559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #