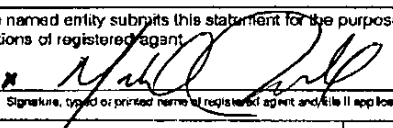
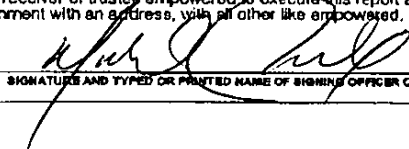


FILED
May 11, 2006 8:00 am
Secretary of State

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 8362 PINES BLVD #179 PEMBROKE PINES, FL 33024		Mailing Address 8362 PINES BLVD #179 PEMBROKE PINES, FL 33024	
2. Principal Place of Business 1121 S. Military Trail		3. Mailing Address 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  MARK D. PROULX		DATE 4/26/06	
FILE NOW!!! FEE IS \$160.00 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
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: 		DATE 4/26/06 766-543-4559	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	