

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90287 002 ***150.00

DOCUMENT # P05000001497

1. Entity Name
BOINK! ADWORX, INC.



Principal Place of Business
**7614 SOUTHERN BROOK BEND #304
 TAMPA, FL 33635**

Mailing Address
**7614 SOUTHERN BROOK BEND #304
 TAMPA, FL 33635**

00040043



2. Principal Place of Business
5532 TUGHILL DRIVE

3. Mailing Address
5532 TUGHILL DRIVE

Suite, Apt. #, etc.

04072006 Chg-P CR2E034 (11/05)

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33624

Country
USA

Zip
33624

Country
USA

4. FEI Number
54-216-5017

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, WILLIAM E
 7402 OVERBROOK DRIVE
 TAMPA, FL 33634**

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

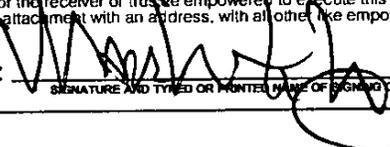
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOBEY, MARTIN J 7614 SOUTHERN BROOK BEND #304 TAMPA, FL 33635	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TOBEY, MARTIN J 5532 TUGHILL DRIVE TAMPA FL 33626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **MARTIN TOBEY** **5/8/06** **813-908-7207**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

NEW ADDRESS