2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 31, 2008 08:00 Al **Secretary of State DOCUMENT # P05000001497** BOINK! ADWORX, INC. Principal Place of Business Mailing Address **5532 TUGHILL DRIVE** 5532 TUGHILL DRIVE TAMPA, FL 33624 US TAMPA, FL 33624 US 03082008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2165017 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILLER, WILLIAM E DO NOT WRITE 7402 OVERBROOK DRIVE **TAMPA, FL 33634** 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) U00000875005 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 UT/11/U5-8UU15-UU8 150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE TOBEY, MARTIN J NAME STREET ADDRESS 5532 TUGHILL DRIVE **TAMPA, FL 33626** CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP THIE NAME

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 fustee 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

MAIZTIN TOB
PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/27/08

FILED