


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90114 031 ***150.00

DOCUMENT # P05000016966 1. Entity Name MARKET I'S, INC.			
Principal Place of Business 275 E. CENTRAL PKWY #418 ALTAMONTE SPRINGS, FL 32701		Mailing Address 275 E. CENTRAL PKWY #418 ALTAMONTE SPRINGS, FL 32701	
2. Principal Place of Business 2295 S. Hiawasse Rd Suite, Apt. #, etc. # 208		3. Mailing Address 2295 S. Hiawasse Rd. Suite, Apt. #, etc. # 208	
City & State Orlando - FL		City & State Orlando - FL	
Zip 32835		Zip 32835	
Country USA		Country USA	
4. FEI Number 20-2266126		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEHTA, RONAK 201 PARK PLACE SUITE #300 ALTAMONTE SPRINGS, FL 32701		7. Name and Address of New Registered Agent Name Barry Sowder Street Address (P.O. Box Number is Not Acceptable) 584 Brantly Terrace way # 203 City Altamonte Springs FL Zip Code 32714	
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 <u><i>Barry Sowder</i></u> Barry Sowder 01/16/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 4, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT NAME SOWDER, BARRY STREET ADDRESS 275 E. CENTRAL PKWY #418 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete	TITLE PT NAME SOWDER BARRY STREET ADDRESS 584 Brantly Terrace way #203 CITY-ST-ZIP Altamonte Spring-FL-32714	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME PATEL, YATIN STREET ADDRESS 275 E. CENTRAL PKWY #418 CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701	<input type="checkbox"/> Delete	TITLE S NAME YatinKumar Patel STREET ADDRESS 2237 Baesel view dr CITY-ST-ZIP Orlando -FL-32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME Michael Jay O'Donnell STREET ADDRESS 530E. Central Blvd # 1901 CITY-ST-ZIP Orlando-FL-32801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: <u><i>Barry Sowder</i></u> Barry Sowder 01/16/05 321-293-0144 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			