
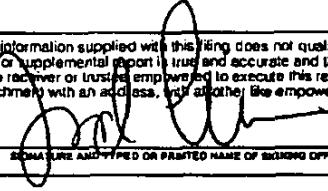


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 13, 2006 8:00 am
Secretary of State

04-10-2006 90320 045 ***150.00

| | | | |
|---|-------------------------------------|---|---|
| DOCUMENT # P05000043599 | |  | |
| 1. Entity Name LEVINE MARKETING COMMUNICATIONS, INC. | | | |
| Principal Place of Business 255 NE 2ND AVE SUITE 253 DELRAY BEACH, FL 33444 | | Mailing Address 255 NE 2ND AVE SUITE 253 DELRAY BEACH, FL 33444 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132 | | 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 _____ (NOTE: Registered Agent signature required when requesting) | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 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 | PST <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVINE, BRAD S | NAME | |
| STREET ADDRESS | 255 NE 2ND AVE SUITE 253 | STREET ADDRESS | |
| CITY- ST- ZIP | DELRAY BEACH, FL 33444 | CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY- ST- ZIP | | CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY- ST- ZIP | | CITY- ST- ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY- ST- ZIP | | CITY- ST- ZIP | |
| 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 another like empowered. | | | |
| SIGNATURE:  | | Date: 4/3/06 Phone: 705-561-2008-6374 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | |