

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 20, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90044 028 \*\*\*150.00

<b>DOCUMENT # P05000048204</b> 1. Entity Name <b>MARCONI OF SUNRISE, INC.</b>					
Principal Place of Business <b>2998 SUNRISE LAKES DRIVE APT E-111 SUNRISE, FL 33322</b>			Mailing Address <b>2998 SUNRISE LAKES DRIVE APT E-111 SUNRISE, FL 33322</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>900218640</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MARCONI, MICHAEL 2998 SUNRISE LAKES DRIVE APT E-111 SUNRISE, FL 33322</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renaming)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>	
	<b>D MARCONI, MICHAEL</b>	<b>2998 SUNRISE LAKES DRIVE, APT E-111</b>	<b>SUNRISE, FL 33322</b>		
				Delete <input type="checkbox"/>	
				Delete <input type="checkbox"/>	
				Delete <input type="checkbox"/>	
				Delete <input type="checkbox"/>	
				Delete <input type="checkbox"/>	
				Delete <input type="checkbox"/>	
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input type="checkbox"/>	Change <input type="checkbox"/> Addition <input type="checkbox"/>
				Change <input type="checkbox"/>	Addition <input type="checkbox"/>
				Change <input type="checkbox"/>	Addition <input type="checkbox"/>
				Change <input type="checkbox"/>	Addition <input type="checkbox"/>
				Change <input type="checkbox"/>	Addition <input type="checkbox"/>
				Change <input type="checkbox"/>	Addition <input type="checkbox"/>
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.					
<b>SIGNATURE:</b> _____ <b>5/1/06</b> <b>954-0141</b> <b>0923</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					