2006 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Apr 27, 2006 8:00 am Secretary of State **DOCUMENT # P05000061799** 04-27-2006 90158 020 ***150.00 2 FOR 1 MARKETING, INC. Principal Place of Business Mailing Address 2313 ROYAL PALM DRIVE 2313 ROYAL PALM DRIVE EDGEWATER, FL 32141 EDGEWATER, FL 32141 2. Principal Place of Business 3. Mailing Address 102 BLUE HERON DR 102 BLUE HERON 03162006 Chg-P CR2E034 (11/05) at B 4. FEI Number Applied For City & State City & State DAYTONA BEACH 113749645 DAUTONA Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCOTT WEBER SOLDEVILLA, DANIEL Street Address (P.O. Box Number is Not Acceptable) 2313 ROYAL PALM DRIVE EDGEWATER, FL 32141 BLUE HERON DR. City DAUTONA BEACH 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. **YRESIDENT** SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. PRESIDENT Change TITLE Addition TITLE ☐ Delete SCOTT WEBER SOLDEVILLA, DANIEL NAME NAME 102 BLUE HERON DR #B STREET ADDRESS 2313 ROYAL PALM DRIVE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32119 EDGEWATER, FL 32141 CITY-ST-ZIP VILE . PRESIDENT Delete TITLE X Change ☐ Addition TITLE NAME DANIEL SOLDEVILLA NAME 2313 ROYAL PALM DR. STREET ADDRESS STREET ADDRESS EDGEWATER, FL 32141 CITY-ST-ZIP CITY-ST-7iP DIRECTOR Change. Addition TITLE ☐ Delete TITLE KEVIN MERKEL NAME NAME 2410 TRAVELERS PALM DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EDBENATER FL 32141 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-7l8 ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I nereby certify that the information supplied with this filling 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