
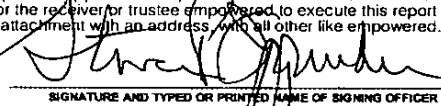


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90187 029 ***150.00

DOCUMENT # P05000085068 1. Entity Name MARKETING ASSISTANCE, INC.																																									
Principal Place of Business 800 BRICKELL AVENUE SUITE 1107 MIAMI, FL 33131 US			Mailing Address 800 BRICKELL AVENUE SUITE 1107 MIAMI, FL 33131 US																																						
2. Principal Place of Business 6400 CARRIER DR			3. Mailing Address 6400 CARRIER DR																																						
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																																						
City & State ORLANDO, FL			City & State ORLANDO, FL																																						
Zip 32819			Zip 32819																																						
Country USA			Country USA																																						
4. FEI Number 20-298886			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 CIBOTTI, ANDRES 800 BRICKELL AVENUE SUITE 1107 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																						
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																									
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																																					
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">P, S</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CIBOTTI, ANDRES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>800 BRICKELL AVENUE, SUITE 1107</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33131</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">AS/ST</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>CIBOTTI, ANDRES</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6400 CARRIER DRIVE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>ORLANDO, FL 32819</td> <td></td> </tr> <tr> <td>TITLE</td> <td>AS</td> <td style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>OPPENHEIM, STEVEN P.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>800 BRICKELL AVE, STE 1107</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33131</td> <td></td> </tr> </table> </div> </div>						TITLE	P, S	<input type="checkbox"/> Delete	NAME	CIBOTTI, ANDRES		STREET ADDRESS	800 BRICKELL AVENUE, SUITE 1107		CITY-ST-ZIP	MIAMI, FL 33131		TITLE	AS/ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	CIBOTTI, ANDRES		STREET ADDRESS	6400 CARRIER DRIVE		CITY-ST-ZIP	ORLANDO, FL 32819		TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	OPPENHEIM, STEVEN P.		STREET ADDRESS	800 BRICKELL AVE, STE 1107		CITY-ST-ZIP	MIAMI, FL 33131	
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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.																																									
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE:  </div> <div> STEVEN P. OPPENHEIM ASSISTANT SECRETARY </div> <div> 4-24-06 305 374 8075 </div> </div>																																									