
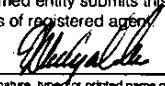



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90053 033 \*\*\*150.00

<b>DOCUMENT # P05000093379</b> 1. Entity Name <b>FORTUNE 5 MARKETING, INC.</b>																																																																																																																																			
Principal Place of Business <b>200 SOUTH PARK RD STE 425 HOLLYWOOD, FL 33021</b>			Mailing Address <b>200 SOUTH PARK RD STE 425 HOLLYWOOD, FL 33021</b>																																																																																																																																
2. Principal Place of Business <b>4800 Beach Blvd.</b>		3. Mailing Address <b>4800 Beach Blvd.</b>																																																																																																																																	
Suite, Apt. #, etc. <b>Suite 9</b>		Suite, Apt. #, etc. <b>Suite 9</b>																																																																																																																																	
City & State <b>Jacksonville, Florida</b>		City & State <b>Jacksonville, Florida</b>																																																																																																																																	
Zip <b>32207</b>		Country <b>USA</b>		Zip <b>32207</b>																																																																																																																															
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4. FEI Number <b>56-2521710</b>																																																																																																																																			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																																																			
6. Name and Address of Current Registered Agent  <b>VIDYALANKAR, MINIT 200 SOUTH PARK RD STE 425 HOLLYWOOD, FL 33021</b>			7. Name and Address of New Registered Agent Name <b>Nimit Vidyalkar</b> Street Address (P.O. Box Number is Not Acceptable) <b>4800 Beach Blvd. Suite 9</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32207</b>																																																																																																																																
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  <b>NIMIT VIDYALKAR</b> <b>PRESIDENT</b> <b>2/15/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 May Be Added to Fees</b>																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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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.																																																																																																																																			
SIGNATURE:  <b>NIMIT VIDYALKAR</b> <span style="float: right;">(904) 396-0003</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																																			