2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000073976 AMFED MARKETING, INC. 2007 APR 27 AM 9: 16 SECRETARY OF STATE TALLAHASSEE FLORIDA Principal Place of Business Mailing Address . 4779 COLLINS AVENUE #4002 4779 COLLINS AVENUE #4002 MIAMI, FL 33140 MIAMI, FL 33140 2. Principal Place of Business - No P.O. Box # Mailing Address (P06000073976P) 25072 Leucadia Street 25072 Leucadia Street Suite, Apt. #, etc. 04062007 CR2E034 (12/06) Suite H Suite H City & State City & State FEI Number Applied For Laguna Niguel, CA Laguna Niguel, CA 71-1006534 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 92677 CA USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 Signature, typed or printed name of registered agent and Life if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DP Delete ■ Addition TITLE TITLE KAME KASTNER, ROBERT F MAME WILSON, BRADLEY D. STREET ADDRESS ONE PARK PLAZA STE 1200 STREET ADORESS 25072 LEUCADIA STREET, SUITE H **IRVINE, CA 92614** CITY- ST- ZIP CITY-ST-ZIP LAGUNA NIGUEL, CA 92677 Michange ■ Addition ☐ Delete TILLE DT TITLE KASTNER, ROBERT F. NAME NAME ONE PARK PLAZA STE 1200 STREET ADORESS STREET ADDRESS **IRVINE, CA 92614** CITY- ST- ZIP CITY- ST- ZIP □ Change ☐ Delete TITLE Addition NAME WHE STREET ADDRESS STREET ADORESS CITY - ST- ZIP CITY - ST- ZIP □Change □ Addition TITLE Oelete NAME NAME STREET ADORESS STREET ADDRESS CITY - ST - ZIP CITY - ST- ZIP TTLE Addition Detele TILE NAME STREET ADVANCES STREET ADDRESS CITY- ST- ZIP CITY- ST- ZIP Oetele TITLE Change Addition TITLE MAME STREET ADDRESS STREET ADDRESS CITY ST- 202 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/07 949.852.2646

04-09-2007 90081 022 ***150.00

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