2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 03, 2007 8:00 am Secretary of State DOCUMENT # P06000112543 1. Entity Name 04-03-2007 90017 029 ***150.00 FEVIL MARKETING INC Principal Place of Business Mailing Address 6222 SW 80TH LANE 327 SW COUNTY ROAD 242 LAKE CITY FL 32024 OCALA FL 34476 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number City & State City & State Applied For 20-545 Not Applicable Zip 7in Country Country \$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 PATEL, BIPINKUMAR M Street Address (P.O. Box Number is Not Acceptable) 8016 SW 62ND CT OCALA FL 34476 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 little if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE Change ■ Addition THIF PATEL, BIPINKUMAR M NAME NAME 8016 SW 62ND CT STREET ADDRESS STREET ADDRESS OCALA FL 34476 CHY-SI-ZIP CITY-ST-7IP VP THIE ☐ Delete HRE Change ■ Addition PATIDAR, SAMUEL S NAME 6222 SW 80TH LANE STREET ADDRESS STREE! ADDRESS OCALA FL 34476 CITY ST-7IP ☐ Delete 1111.6 Change ■ Addition ши MAAR NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY - ST - 7IP CITY-ST-ZIP Change ■ Addition TIFLE Delete THEE NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition Delete TITLE ☐ Change III NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Samuel Patida 33/23/07

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.