2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2005 8:00 am Secretary of State

Name Process	DOCUMENT # P17586 1. Entity Name MARKETECHS SERVICES, INC.			(02-16-2005 90035 043 ***150.00			
2. Principal Place of Business	Principal Place of Business Mailing Address				•					
Suite, Apt. #, etc. Suite City & State City					US	-	•	500158	07	
Suite, Apt. #, etc. Suite City & State City						(HEN CERRI THE HORE CHI	CING NING REDIK DISH BIDIA	13011 2 01 (5 107)	
Country	2. Principal Place of Business		3. Mailing Address							
Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052005	Chg-P	CR2E034 (10/0	3)	
S. Carricular of Saluris Desired Fee Required	City & State		City & State							
NAME SERVICES, INC. Size PARK AVENUE Street Address of New Registered Agent Name	Zip	Country	Zip	Countr	у	5. Certificate	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32301 TALLAHASSEE, FL		6. Name and Address of Current Registered Agent				7. Name and	Address of New Re	<u> </u>		
Street Actives (P.O. Box Number is Not Acceptable) Street Actives (P.O. Box Number is Not Acceptable)					Name					
8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Title NOWIII FEE IS \$150.00 P. Election Campaign Financing Trust Fund Contribution. S. O. May Be Added to Fees	526 E. PARK AVENUE				Street Address (P.O. Box Number is Not Acceptable)					
## The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent are registered agent, or both, in the State of Florida. I am familiar with, and accept registered agent and refer agent and accept agent and refer agent agent and refer agent agent and refer agent and refer agent and refer agent agen	·									
SIGNATURE Synthise, typed or protect name of registered agent and life if applicable. (NOTE: Registered Agent Signature required when releastance) Synthise, typed or protect name of registered agent and life if applicable. (NOTE: Registered Agent Signature required when releastance) Synthise Synthi					City			FL Zip C	ode	
NOTE Repeated Appens son partie of lamporation in a profession in a profes										
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE S C Delete NAME ARMSTRONG, STEVE STREET ADDRESS CITY-SI-2IP TITLE AS CITY-SI-2IP TITLE AS CITY-SI-2IP TITLE AS CITY-SI-2IP TITLE AME ATTINELLA, MIKE STREET ADDRESS CITY-SI-2IP TITLE AT Delete NAME STREET ADDRESS CITY-SI-2IP TITLE AT Delete NAME STREET ADDRESS CITY-SI-2IP TITLE AT Delete NAME STREET ADDRESS CITY-SI-2IP TITLE AT DELET STREET ADDRESS CITY-SI-2IP TITLE AND DR STREET ADDRESS CITY-SI-2IP TITLE ANDRESS CITY-SI-2IP	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a standard repowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/05 727-872-1000