



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P92000014611 |  |
| 1. Entity Name STARMAKERS RISING, INC. | |

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| Principal Place of Business 17239 BOCA CLUB BLVD SUITE 6 BOCA RATON, FL 33487 US | Mailing Address 17239 BOCA CLUB BLVD SUITE 6 BOCA RATON, FL 33487 US |
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| 01062006 No Chg-P | CR2E034 (11/05) |
| 4. FEI Number 65-0377826 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

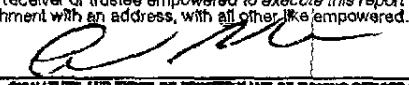
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| 6. Name and Address of Current Registered Agent MILLER, EILEEN 17239 #6 BOCA CLUB BLVD BOCA RATON, FL 33487 | DO NOT WRITE IN THIS SPACE |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | |

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when re-registering) | DATE _____ |
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| 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 | 000000429585 02/22/06-80014-008 150.00 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MILLER, EILEEN 17239 #6 BOCA CLUB BLVD BOCA RATON, FL |
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |
| Date: 2/15/06 561 981 539 <small>Daytime Phone #</small> |