

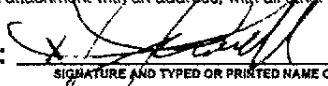


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P93000042447</b> 1. Entity Name M.C. MARKETING, INC.			
Principal Place of Business 2950 W CYPRESS CREEK RD SUITE 102 FORT LAUDERDALE, FL 33309 US		Mailing Address 2950 W CYPRESS CREEK RD SUITE 102 FORT LAUDERDALE, FL 33309 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
		 02172006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0416644	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  CARPINIELLO, FRANK 2950 W CYPRESS CREEK RD SUITE 102 FORT LAUDERDALE, FL 33309		<b>DO NOT WRITE IN THIS SPACE</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 _____ <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"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<div>100000453701</div> <div>03/14/06-80032-010 150.00</div> <b>DO NOT WRITE IN THIS SPACE</b>	
TITLE D NAME CARPINIELLO, MARC STREET ADDRESS 351 NW 101ST TERRACE CITY-ST-ZIP CORAL SPRINGS, FL 33071			
TITLE D NAME CARPINIELLO, FRANK STREET ADDRESS 11111 NW 26TH DR CITY-ST-ZIP CORAL SPRINGS, FL 33065			
TITLE D NAME CARPINIELLO, RHODA STREET ADDRESS 11111 NW 26TH DR CITY-ST-ZIP CORAL SPRINGS, FL 33065			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS 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:  <b>Frank Carpinello</b>		2/28/06 Date Daytime Phone #	