2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 01, 2006 08:00 AN Secretary of State DOCUMENT # P93000054347 SQUARE ONE MARKETING, INC. Principal Place of Business Mailing Address 318 E. PALMETTO PARK ROAD 3955 DEWAY AVENUE BOCA RATON, FL 33432 ROCHESTER, NY 14616 US 03142006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0432946 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COHEN, PATRICIA V. DO NOT WRITE 16505 S DIXIE HWY 4TH FLOOR SUITE 403 IN THIS SPACE BOCA RATON, FL 33432 3. 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. PSD URE KELLER, GREG 165 ARLIDGE DRIVE STREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14616 VPT TITLE KELLER, LUCY NAME 165 ARLIDGE DR STREET ADDRESS CHY-ST-ZIP ROCHESTER, NY 14616 Hilt MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. Thereby 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 receiveror 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED