2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Jul 11, 2008 8:00 am Secretary of State DOCUMENT # P94000024408 07-11-2008 90017 010 ***150.00 JULISE MARKETING, INC. Principal Place of Business Mailing Address 2950 W CYPRESS CREEK ROAD 2950 W CYPRESS CREEK ROAD 40110348 FORT LAUDERDALE, FL 33309 US FORT LAUDERDALE, FL 33309 US 3 Mailing Address 2. Principal Place of Business - No P.O. Box # 2950 w cypress Creek Ro Suite, Apt. #, etc. 07072008 CR2E034 (12/06) Chg-P 54e 100 4. FEI Number Applied For 65-0482470 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LISBIN, JUDI 2950 W CYPRESS CREEK ROAD 54 100 FORT LAUDERDALE, FL 33309 Street Address (P.O. Box Number is Not Acceptable) 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aignature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. П Added to Fees corporation did not receive the prior notice. Due by September 12, 2008 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Addition TITLE ☐ Delete LISBIN, JUDI NAME 2950 W CYPRESS CREEK ROAD SHE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF FORT LAUDERDALE, FL 33309 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ппε ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TIFLE □ Delete TITLE NAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delele TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attact/innight with an address, with all other like empowered. 8108

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytme Phone #