## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 10, 2006 08:00 AM Secretary of State **DOCUMENT # P94000064292** Entity Name MARKETING EDGE, INC. Principal Place of Business Mailing Address 405 OLD QUARRY RD 405 OLD QUARRY RD ST. AUGUSTINE, FL 32080 IJS ST. AUGUSTINE, FL 32080 No Chg-P CR2E034 (11/05) 04052006 DO NOT WRITE IN THIS SPACE Applied Fat 4. FEI Number 59-3263146 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEONE, DIANE P DO NOT WRITE 405 OLD QUARRY RD ST. AUGUSTINE, FL 32080 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. SIGNATURE Signature, typed or printed name of registered egent and life it applicable. fNOTE: Registered Agent signature required when reinstating? 9. Election Campaign Financing \$5.00 May Be FILE NOWIN FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LEONE, DIANE P 405 OLD QUARRY RD STREET ADDRESS ST. AUGUSTINE, FL 32080 CITY-ST-ZIP ittle U00000497185 04/22/06-80044-803 150.80 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-27P TITLE NAME STREET ADDRESS CITY-ST-272 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 of the receiver or frustee 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4-5-06

FILED