2006 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 12, 2006 08:00 AM Secretary of State DOCUMENT # P94000071931 FOX MARKETING GROUP, INC. Principal Place of Business Mailing Address 1582 STOCKTON DR. 1582 STOCKTON DR. GREEN COVE SPRINGS, FL 32043 GREEN COVE SPRINGS, FL 32043 01092006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0528452 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PEPER, RICHARD C JR DO NOT WRITE 8833 PERIMETER PARK BLVD. SUITE 602 IN THIS SPACE JACKSONVILLE, FL 32216 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 agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE FOX, CHARLES B U00000384734 01/17/05-80027-014 150.00 STREET ADDRESS 1582 STOCKTON DR. CITY-ST-ZIP GREEN COVE SPRINGS, FL 32043 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 directly of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachpent with an address, with all other like empowered.

SIGNATURE:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING SEFICER OR DIRECTOR

1/9/06 (904) 28 Date (904) 28

FILED

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