## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## May 01, 2006 08:00 AM **Secretary of State** DOCUMENT # P95000014321 MARC ANDRE' POULIN, INC. Principal Place of Business Mairing Address 5700 LAGOON DR 5700 LAGOON DR FT LAUDERDALE FL 33312 FT LAUDERDALE, FL 33312 04262006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0567284 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required G. Name and Address of Current Registered Agent LAUZIER, JEAN-PAUL DO NOT WRITE 4900 N.W. 25E TERRACE TAMARAC, FL 33309 IN THIS SPACE 8. The above named antity 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 reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE POULIN, MARC ANDRE NAME STREET ADDRESS 5700 LAGOON DR. CITY-ST-ZIP FT. LAUDERDALE, FL 33312 TITLE 000000547782 05/12/06-80039-006 150.00 NAME STREET ADDRESS C55 y - S5 - Z59 NALIE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADORESS City-ST-ZIP THE NAME STREET ADDRESS CATY-ST-ZIP TALLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 trusted empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11.9 changed, or on an attachment with attractives with all other like empowered.

O TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

04-27-28

**FILED**