2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 24, 2005 08:00 AM ANNUAL REPORT **Secretary of State** DOCUMENT # P95000073221 1. Entity Name MAR CONSTRUCTION COMMUNICATIONS, INC. Principal Place of Business Mailing Address 2887 NORTHEAST 35TH COURT 2887 NORTHEAST 35TH COURT FORT LAUDERDALE, FL 33308 FORT LAUDERDALE, FL 33308 CR2E034 (10/03) 01112005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0614437 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MILLS, RICHARD A III. DO NOT WRITE 1401 E. BROWARD BLVD. SUITE 206 N THIS SPACE FORT LAUDERDALE, FL 33301 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150,00 U00000192645 Trust Fund Contribution After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME RABUFFO, MAE 2887 NORTHEAST 35TH COURT STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33308 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/05 Date

Daytime Phone #

FILED