· 2006 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P96000024178 01-24-2006 90015 031 ***150.00 SIMPLE SUCCESS MARKETING, INC. Principal Place of Business Mailing Address 40005420 2646 S W MAPP ROAD 2646 S W MAPP ROAD **SUITE 305** SUITE 305 PALM CITY, FL 34990 PALM CITY, FL 34990 2. Principal Place of Business 3. Mailing Address JUHL SW mapp 2646 SW maps Suite, Apt. #, etc. Suite, Apt. #, etc. 01172006 Chg-P CR2E034 (11/05) 308 # 305 City & State City & State 4. FEI Number Applied For Palm 65-0654001 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Seannette BAGGETT, JOYCE A Street Address (P.O. Box Number is Not Acceptable) 2354 SWISLAND CREEK DRIVE PALM CITY, FL 34990 Zp Code City 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. វារាទ Delete TITLE resident --- Change ☐ Addition Jeannette walsh BAGGETT, JOYCE A NAME 2354 SWISLAND CREEK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM CITY, FL 34990 CITY-ST-ZIP NILE Delete MLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Defete TITLE Chance ☐ Addition TIBE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 attachment with an address, with all other like empowered. SIGNATURE:

FILED

Jan 24, 2006 8:00 am