2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000011333

Title:

Name: Address:

City-St-Zip:

Entity Name: MARKETING APPLICATIONS INC.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 605 ATLANTIS ESTATE WAY 605 ATLANTIS ESTATE WAY ATLANTIS, FL 334621209 ATLANTIS, FL 33462-120 9 **Current Mailing Address: New Mailing Address:** 605 ATLANTIS ESTATE WAY 605 ATLANTIS ESTATE WAY ATLANTIS, FL 334621209 ATLANTIS, FL 33462-120 9 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **BUSINESS FILINGS INCORPORATED** 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition CAMERON, HAYDON CAMERON, HAYDON Name: Name: 605 ATLANTIS STATE WAY 605 ATLANTIS ESTATE WAY Address: Address: City-St-Zip: ATLANTIS, FL 33462 City-St-Zip: ATLANTIS, FL 33462-120 9 Title: Title: () Delete (X) Change () Addition CAMERON, NICK Name: Name: CAMERON, HAYDON 605 ATLANTIS STATE WAY 605 ATLANTIS ESTATE WAY Address: Address: ATLANTIS, FL 33462 ATLANTIS, FL 33462-120 9 City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition CAMERON, HAYDON Name: Name: 605 ATLANTIS ESTATE WAY Address Address: City-St-Zip: City-St-Zip: ATLANTIS, FL 33462-120 9

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: HAYDON CAMERON PRE 04/27/2005

() Delete

() Change (X) Addition

CAMERON, HAYDON

605 ATLANTIS ESTATE WAY

ATLANTIS, FL 33462-120 9