


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90001 010 ***150.00

DOCUMENT # P98000063932	
1. Entity Name MED-MARKETRONICS, INC.	

Principal Place of Business PO BOX 770848 ORLANDO, FL 32877-0848 US	Mailing Address 20 N. ORANGE AVE., STE 407 SUITE 600 ORLANDO, FL 32801
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Zip
Country	Country

*20 N. ORANGE AVE.
SUITE 600
ORLANDO, FL
32801*



01172006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3525403	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent	
7. Name and Address of New Registered Agent	
Name Hendry, Stoner, Calandrino & Brown, P.A.	
Street Address (P.O. Box Number is Not Acceptable)	
City FL Zip Code	

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.

Hendry, Stoner, Calandrino & Brown, P.A.

SIGNATURE: *[Signature]* By: *[Signature]* **2/6/06**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	APONTE, FELIX		
14147 RIDGE CREEK COURT			
ORLANDO, FL 32824			
VD	APONTE, DILSIA		
14147 RIDGE CREEK COURT			
ORLANDO, FL 32824			
STD	APONTE, DEBRA		
14147 RIDGE CREEK COURT			
ORLANDO, FL 32824			

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 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: *[Signature]* **2-25-06 407-488-8063**

Signature and typed or printed name of signing officer or director Date Daytime Phone #