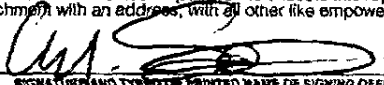
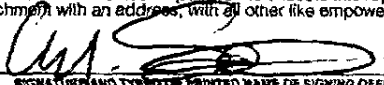
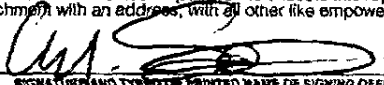


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000068055										
1. Entity Name MARGINAL MARKETING INC.										
Principal Place of Business 1700 PIERCE ST #601 HOLLYWOOD, FL 33020	Mailing Address 1700 PIERCE ST #601 HOLLYWOOD, FL 33020									
DO NOT WRITE IN THIS SPACE										
		04302006 No Chg-P CR2E034 (11/05)								
		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%; padding: 2px;">4. FEI Number 65-0891183</td><td style="width: 20%; padding: 2px;">Applied For Not Applicable</td></tr></table>	4. FEI Number 65-0891183	Applied For Not Applicable						
4. FEI Number 65-0891183	Applied For Not Applicable									
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required								
6. Name and Address of Current Registered Agent										
LAUZIER, JEAN PAUL 4900 NW 25 TERR. TAMARAC, FL 33309		DO NOT WRITE IN THIS SPACE								
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										
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees								
10. OFFICERS AND DIRECTORS										
TITLE	P									
NAME	SABOURIN, MICHAEL									
STREET ADDRESS	1700 PIERCE ST. #601									
CITY-ST-ZIP	HOLLYWOOD, FL 33020									
TITLE										
NAME										
STREET ADDRESS										
CITY-ST-ZIP										
TITLE										
NAME										
STREET ADDRESS										
CITY-ST-ZIP										
TITLE										
NAME										
STREET ADDRESS										
CITY-ST-ZIP										
TITLE										
NAME										
STREET ADDRESS										
CITY-ST-ZIP										
DO NOT WRITE IN THIS SPACE										
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.										
<table style="width: 100%; border: none;"><tr><td style="width: 40%;">SIGNATURE: </td><td style="width: 20%; text-align: center;">M. SABOURIN</td><td style="width: 20%; text-align: center;">4/03/06</td><td style="width: 20%; text-align: center;">954-924-3532</td></tr><tr><td colspan="4" style="text-align: center; font-size: 10px;">SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</td></tr></table>			SIGNATURE: 	M. SABOURIN	4/03/06	954-924-3532	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			
SIGNATURE: 	M. SABOURIN	4/03/06	954-924-3532							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #										