2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P98000090372

1. Entity Name
S.W. MARKETING, INC.

FILED
06 NOV 28 PM 4:46
SEC. OF STATE
TALLAHASSEE, FLORIDA

11192006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
5329 W ATLANTIC AVE STE. 203 B DELRAY BEACH, FL 33484	5329 W ATLANTIC AVE STE. 203 B DELRAY BEACH, FL 33484

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3551582 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FEINSTEIN, GENELLE 5329 W ATLANTIC AVE #203 B DELRAY BEACH, FL 33484	Name 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent's signature required for filing)

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D FEINSTEIN, MARK 5329 W ATLANTIC AVE 203 B DELRAY BEACH, FL 33484	☒ Delete	TITLE D NAME STREET ADDRESS CITY ST ZIP	GENELLE FEINSTEIN 5329 W ATLANTIC AVE 203B DELRAY BEACH, FL 33484	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	SECRETARY MARK FEINSTEIN 5329 W ATLANTIC AVE 203B DELRAY BEACH, FL 33484	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	PRES, TREASURER, DIRECTOR GENELLE FEINSTEIN 5329 W ATLANTIC AVE 203B DELRAY BEACH, FL 33484	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	900082109549 11/28/06--01043--013 **70.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition

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: Genelle Feinstein GENELLE FEINSTEIN 11/20/06 (561)865-4144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #