2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P99000006179

BOLD MARKETING RESOURCES, INC.

Principal Place of Business

8615 NW 83RD ST TAMARAC, FL 33321 Mailing Address

8615 NW 83RD ST TAMARAC, FL 33321

FILED Mar 22, 2006 8:00 am Secretary of State

03-22-2006 90016 019 ***150.00

40036720



DO NOT WRITE IN THIS SPACE

03062006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0890216 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRENING, RUTH E 8615 NW 83RD ST TÄMARAC, FL 33321

DO NOT WRITE IN THIS SPACE

| • | | | | | | | |
|----------------------------|---|--|-----------------------|--------------------------------|-------------------------|--------------------------|-----------------|
| | named entity submits this statement for the prions of registered agent. | ourpose of changing its re | egistered office | or registered agent, or | both, in the State of f | Florida. I am familiar w | ith, and accept |
| SIGNATURE. | , | | | | | | |
| • | Signature, typed or printed name of registered agent and title | if applicable. (NOTE: F | Registered Agent sign | ture required when reinstating | ·) | DATÉ | |
| | E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | 9. Election Campaige Trust Fund Contrib | · · | \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | | • | | |
| TITLE | P | | | | | | |
| NAME | GRENING, RUTH E | | | | | | |
| STREET ADDRESS | 8615 NW 83RD ST | | | | | | |
| CITY-ST-ZIP | TAMARAC, FL 33321 | | | | | | |
| TITLE | | • | | | | | |
| | [| | | | | | |

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.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADORESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP TITLE