


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90106 011 ***150.00

DOCUMENT # S75050	
1. Entity Name MARKETING ADVERTISING PROMOTIONS, INC.	

Principal Place of Business FOUR EDISON PLACE FAIRFIELD, NU 07004 US	Mailing Address 3780 BURNS ROAD SUITE 8 PALM BEACH GARDENS, FL 33410 US
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01262006 Chg-P CR2E034 (11/05)

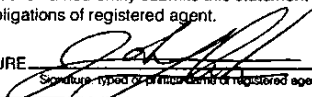
2. Principal Place of Business 651 Okeechobee Blvd Suite, Apt. #, etc. #710 c/o Litwinka	3. Mailing Address 651 Okeechobee Blvd Suite, Apt. #, etc. #710 c/o Litwinka
City & State West Palm Beach, FL	City & State West Palm Beach, FL
Zip 33401	Country USA

4. FEI Number 65-0278916	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LITWINKA, JOHN W. 3780 BURNS ROAD SUITE 8 PALM BEACH GARDENS, FL 33410	
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7. Name and Address of New Registered Agent Name John Litwinka Street Address (P.O. Box Number is Not Acceptable) 651 Okeechobee Blvd. #710 City West Palm Beach - FL Zip Code 33401	
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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 4/06/06

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCP LITWINKA, JOHN W. 8889 SE COMPASS ISLAND WAY JUPITER, FL 33458 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS LITWINKA, SUSAN M. 8889 SE COMPASS ISLAND WAY JUPITER, FL 33458 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP NARCISO, JENNY 20 DOGWOOD CT W. PATERSON, NJ 07424 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.	
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SIGNATURE: 	President John Litwinka 4/06/06 561 624-9400
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