

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90381 011 \*\*\*150.00

<b>DOCUMENT # S89360</b> 1. Entity Name <b>M. L. BRICEL MARKETING AND SALES, INC.</b>					
Principal Place of Business <b>603 SERENDIPITY DRIVE-PELICAN BAY NAPLES, FL 34108</b>			Mailing Address <b>2170 DUNWIN DRIVE UNIT 2 MISSISSAUGA ONTARIO CANADA L5L 5M8, XX</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04132006 Chg-P CR2E034 (11/05) 4. FEI Number <b>59-0597891</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>BRICEL, MARK</b> <b>603 SERENDIPITY DRIVE - PELICAN BAY</b> <b>NAPLES, FL <del>33940</del> 34108</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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: <b>MARK BRICEL PRESIDENT</b> <b>APRIL 14, 2006</b> <small>(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>DP</b> <b>BRICEL, MARK</b> <b>2160 STILLMEADOW RD</b> <b>MISSISSAUGA, ONT, L5L 1X3, CA</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>BRICEL, MARK</b> <b>1900 THE COLLEGEWAY, SUITE 206</b> <b>MISSISSAUGA, ON L5L 5Y8</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>BRICEL, LISELOTTE</b> <b>2160 STILLMEADOW RD</b> <b>MISSISSAUGA, ONT, L5L 1X3, CA</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DST</b> <b>BRICEL, LISELOTTE</b> <b>1900 THE COLLEGEWAY, SUITE 206</b> <b>MISSISSAUGA, ON L5L 5Y8</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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.					
SIGNATURE: <b>MARK BRICEL</b> <b>APRIL 17/06</b> <b>905 820-8903</b> <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #</small>					