

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S89360

1. Entity Name
M. L. BRICEL MARKETING AND SALES, INC.



Principal Place of Business
603 SERENDIPITY DRIVE-PELICAN BAY
NAPLES, FL 34108

Mailing Address
2170 DUNWIN DRIVE UNIT 2
MISSISSAUGA ONTARIO
CANADA L5L 5M8, XX

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

BRICEL, MARK
603 SERENDIPITY DRIVE - PELICAN BAY
NAPLES, FL 33940-34108

7. Name and Address of New Registered Agent

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

MARK BRICEL, PRESIDENT APRIL 14, 2006

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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	DP BRICEL, MARK 2160 STILLMEADOW RD MISSISSAUGA, ONT, L5B 1X3, CA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BRICEL, MARK 1900 THE COLLEGeway, SUITE 206 MISSISSAUGA, ON L5L 5Y8	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BRICEL, LISELLOTTE 2160 STILLMEADOW RD MISSISSAUGA, ONT, L5B 1X3, CA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BRICEL, LISELLOTTE 1900 THE COLLEGeway, SUITE 206 MISSISSAUGA, ON L5L 5Y8	<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
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:

MARK BRICEL APRIL 17/06 905 820-8903

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

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

04-24-2006 90381 011 ***150.00

40001111



04132006 Chg-P CR2E034 (11/05)

4. FEI Number 59-0597891	Applied For
	Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required