2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # \$93560 1. Entity Name 03-21-2006 90018 046 ***150.00 LAW OFFICE OF SHERILYNNE MARKS, P.A. Principal Place of Business Mailing Address 100 E LINTON BLVD 100 E LINTON BLVD SUITE 137A DELRAY BEACH FL 33483 **DELRAY BEACH FL 33483** . Mailing Address 1325 S. 2. Principal Place of Business 1325 5. Congress 1st MOORE CR2E034 (10/05) .02 -Applied For 4. FEI Number 65-0295018 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33426 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LUTHER, SHERILYNNE.M 100 E LINTON BLVD, STE 137A **DELRAY BEACH FL 33483** 8. The above named egithy submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of istered agent SIGNATURE when roinstability FILE NOW!!! FEE 15 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Detete TITLE Change marks, Sherlynne MARKS, SHERILYNNE NAME 1325 S. Congress Ave # 202 STREET ADDRESS 100 E LINTON BLVD, STE 137A STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33483 CITY-ST-ZIP Bounton Beach 71 TITLE ☐ Defete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME STREET ADORESS STREET ADORESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 attach in with an address, with all other like empowered.

FILED

Mar 21, 2006 8:00 am