


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00000000673</b> 1. Entity Name SUNBELT MARKETING INVESTMENT CORP.	
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Principal Place of Business 3255 S. SWEETWATER RD LITHIA SPRINGS, GA 30122	Mailing Address 3255 S. SWEETWATER RD LITHIA SPRINGS, GA 30122
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD GILLFILLAN, JOHN S 3255 S. SWEETWATER RD. LITHIA SPRINGS, GA 30122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MENEFFEE, THOMAS M 3255 S. SWEETWATER RD. LITHIA SPRINGS, GA 30122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD PRAGER, KENNETH 3255 S. SWEETWATER RD. LITHIA SPRINGS, GA 30122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS SCROGGIN, JOHN J 3255 S. SWEETWATER RD. LITHIA SPRINGS, GA 30122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GILLFILLAN, SIEGLINDE K 3255 S. SWEETWATER RD. LITHIA SPRINGS, GA 30122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MENEFFEE, PAMELA 3255 S. SWEETWATER RD. LITHIA SPRINGS, GA 30122

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Cary P. Scott* AP M or 3/23/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #