## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 03, 2008 08:00 A tate

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DOCUMENT # M85324  1. Entity Name SUSAN ACKLEY ADVERTISING, INC.					Se	cretary of S
Principal Plac 1119 NE 99 MIAMI, FL 3		Mailing Address 1119 NE 99TH STREET MIAMI, FL 33138 US				
			•			<u> </u>
DO NOT WRITE IN THIS SPACE			CE	01112008		R2E034 (11/05)
			Ÿ <b>L</b>	4. FEI Numbe 59-2893		Applied For Not Applicable
3 N N N N				5. Certificaté d	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent	-			
ACKLEY, SUSAN 1119 NE 99 STREET			,	DO	NOT WRI	TE
MIAMI, FL	33138			IN T	HIS SPAC	)E
	named entity submits this statement for thions of registered agent	e purpose of changing its register	red office or register	ed agent, or both	n, in the State of Florida	I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable. (NOTE: Registeri	ed Agent signature required	when reinstating)		ATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Final Trust Fund Contribution				.00 May Be ed to Fees		
10.	OFFICERS AND DI	RECTORS	-			
NAME STREET ADDRESS CITY-ST-ZIP	ACKLEY, SUSAN 1119 NE 99TH STREET MIAMI, FL 33138					
TITLE NAME STREET ADDRESS					U0000084 03/18/08-80	16651 1037-002 150.00
TITLE NAME STREET ADDRESS						
CITY-ST-ZIP			1 .	•	NOT WRI	12 No. 20 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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TITLE NAME						trees to the second

12. Thereby 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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR