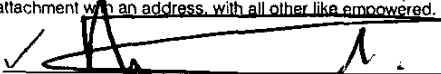


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90038 024 ***150.00

DOCUMENT # P01000119590 1. Entity Name BAYOU MARKETING GROUP, INC.			
Principal Place of Business 640 ORANGE ST. PALM HARBOR, FL 34683		Mailing Address 640 ORANGE ST. PALM HARBOR, FL 34683	
2. Principal Place of Business 350 Oceanview Ave Suite, Apt. #, etc.		3. Mailing Address 350 Oceanview Ave Suite, Apt. #, etc.	
City & State Palm Harbor, FL		City & State Palm Harbor, FL	
Zip 34683	Country USA	Zip 34683	Country
6. Name and Address of Current Registered Agent CULLEN, NORMAN 640 ORANGE ST. 350 Oceanview Ave. PALM HARBOR, FL 34683		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	PD CULLEN, NORMAN J R 640 ORANGE ST. PALM HARBOR, FL 34683	TITLE NAME STREET ADDRESS CITY-ST-ZIP	350 Oceanview Ave ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CULLEN, SHANNA 640 ORANGE ST. PALM HARBOR, FL 34683	TITLE NAME STREET ADDRESS CITY-ST-ZIP	350 Oceanview Ave ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CULLEN, NORMAN SR 640 ORANGE ST. PALM HARBOR, FL 34683	TITLE NAME STREET ADDRESS CITY-ST-ZIP	350 Oceanview Ave ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD IWANSKI, RITA 640 ORANGE ST. PALM HARBOR, FL 34683	TITLE NAME STREET ADDRESS CITY-ST-ZIP	350 Oceanview Ave ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		3/18/05 727-365-6313 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			