2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 25, 2006 08:00 AN **Secretary of State** DOCUMENT # P02000084187 C & L MARKETING GROUP, INC. Principal Place of Business Mailing Address 717 EAST OAK ST 717 EAST OAK ST KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 02132006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4206737 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SWART, HARRY J CPA DO NOT WRITE 717 EAST OAK ST KISSIMMEE, FL 34744 IN THIS SPACE 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 little if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 U00000533916 05/06/06-80142-011 150.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PSTD** TITLE NAME LOVINGGOOD, LEMON C STREET ADDRESS 338 PINNACLE VIEW WAY, STE. 134 CITY-ST-ZIP GATLINBURG, TN 37738 IME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 chapter 607, or on an attachment with an address, with all other like physowered.

NAME STREET ADDRESS CITY - ST-ZIP

Daytime Phone #

FILED