## FILED May 02, 2007 8:00 am Secretary of State 05-02-2007 90058 040 \*\*\*150.00

2007	FOR PROFIT CORPORATION
	ANNUAL REPORT

1. Entity Nam	MEN I # PU5UUUU4& E MEDIA STRATEGY, INC.		S ORIS	03-02-200	7 90038 040	. 12	70.00		
Principal Plac	e of Rusiness	Mailing Address	<u></u>	300	_				
Principal Place of Business 1204 THEODORE AVENUE JACKSONVILLE BEACH, FL 32250		1204 THEODORE AVENUE JACKSONVILLE BEACH, FL 32250							
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262007	Chg-P	CR2E034 (	CR2E034 (12/06)		
City & State		City & State		4. FEI Numbe 20-2600		Applied For Not Applicable			
Zip	Country	Zip Country		5. Certificate of	of Status Desired		<b>75</b> Addi Required		
-	6. Name and Address of Current	Registered Agent	Name	7. Name and	Address of New R	egistered Agen	<u>t</u>		
HOWARD,	, GARY G	•		Name					
8421 BAYI SUITE 4	MEADOWS WAY		Street Address	s (P.O. Box Numbe	r is Not Acceptable	<del>)</del>			
JACKSON	VILLE, FL 32256			<b></b>					
	`\Y		City			FL	Zip Code	!	
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office or regist	tered agent, or both	n, in the State of Flo	orida. I am famil	ar with, a	and accept	
SIGNATURE	Signature, hiped or printed name of registered agent	and title if applicable. (NOTE	; Registered Agent signature requi	ired when reinstalling)		DATE			
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campain Trust Fund Contr		5.00 May Be dded to Fees					
10.	OFFICERS AND		11,	ADDITIONS/0	CHANGES TO OFF				
TITLE NAME	P ZINGONE, CAROL A	☐ Delete	TITLE NAME				Change	Addition	
STREET ADDRESS CITY-ST-ZIP	1204 THEODORE AVENUE JACKSONVILLE BEACH, FL 32	250	STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TIFLE				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	Addition	
NAME			NAME SIRIL LADORESS						
SIREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE NAME				Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS			NAME Street address						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				Change	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						
CITY-ST-ZIP	certify that the information supplied with	this filling does not qualify to	CITY-S1-ZIP	ed in Chapter 110	Florida Statutes 1	Jurther cortife th	at the in	formation	
indicated of the cor	certify that the information supplied will on this report or supplemental report i poration or the receiver or trustee emp or on an attachment with an address,	s true and accurate and that mo owered to execute this report a	ny signature sha‼ have th	e same legal effect	: as if made under d	oath; that I am ai	n officer (	or director	
SIGNATURE: 430 157									
SIGNAI	SIGNATURE AND TYPES OR	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR		Date	Daytims	Phone #		