


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90111 047 \*\*\*150.00

**DOCUMENT # 610728**

1. Entity Name  
**MARKETING ASSOCIATES/USA, INC.**



Principal Place of Business  
**3902 NORTH MARGUTERITE DR.  
 TAMPA, FL 33603**

Mailing Address  
**3902 NORTH MARGUTERITE DR.  
 TAMPA, FL 33603**

2. Principal Place of Business - No P.O. Box #  
**3902 N. Marguerite St.**

3. Mailing Address  
**3902 N. Marguerite St.**

Suite, Apt. #, etc.

City & State  
**Tampa, FL**

City & State  
**Tampa, FL**

Zip  
**33603**


Country

4. FEI Number  
**59-1882841**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

03182008 Chg-P CR2E034 (12/06)



**6. Name and Address of Current Registered Agent**

**DARREY, JEFFREY A  
 5003 S. SHORE CREST CIRCLE  
 TAMPA, FL 33609**

**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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	
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12. I hereby 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:** *Jeffrey A. Darrey* **4/11/2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #