2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# 638583

Entity Name: H D H MARKETING, INC.

Current Principal Place of Business:

612 NORTH BREVARD
ARCADIA, FL 34266 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 877
ARCADIA, FL 34265 US

New Mailing Address:

FEI Number: 59-1965646 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAASSEN, JOHN S. III
612 NORTH BREVARD AVE.
ARCADIA, FL 34265 US

Name and Address of New Registered Agent:

MAASSEN, JOHN S. III
612 NORTH BREVARD AVE.
ARCADIA, FL 34266 US

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.

SIGNATURE: 05/02/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MAASSEN, JOHN, III,
Address: 2490 N W OWENS AVE
City-St-Zip: ARCAIA, FL 00000, 34266

Title: VD ( ) Delete
Name: MAASSEN, F. EDWARD,
Address: 2231 SE HANSEL AVE
City-St-Zip: ARCADIA, FL 34266

Title: STD ( ) Delete
Name: MAASSEN, DAVID L.,
Address: 140 S. OSCEOLA
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MAASSEN, JOHN, III,
Address: 2490 N W OWENS AVE
City-St-Zip: ARCADIA, FL 34266

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L MAASSEN STD 05/02/2007
Electronic Signature of Signing Officer or Director Date