

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 643059

FILED
Apr 29, 2009
Secretary of State

Entity Name: MARKETING AND MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

3000 SW 60 AVE
DAVIE, FL 33314 US

New Principal Place of Business:

888 SE THIRD AVENUE
SUITE #501
FT. LAUDERDALE, FL 33316 US

Current Mailing Address:

PO BOX 292037
DAVIE, FL 33329 US

New Mailing Address:

FEI Number: 59-1941806 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORMAN, AUSTIN
888 SE 3 AVE. #501
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: FORMAN, CHRISTINE
Address: 888 SE 3 AVE, STE 501
City-St-Zip: FT LAUDERDALE, FL 33316

Title: PD () Delete
Name: FORMAN, M. AUSTIN
Address: 888 SE 3 AVE, STE 501
City-St-Zip: FT LAUDERDALE, FL 33301

Title: VP () Delete
Name: TRUMBACH, ANDREW
Address: 888 SE 3RD AVE. #501
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VP () Delete
Name: FORMAN, ERIC
Address: 888 SE 3RD AVE. #501
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: VP () Delete
Name: FORMAN, II, MILES A
Address: 888 SE 3RD AVE. #501
City-St-Zip: FORT LAUDERDALE, FL 33316

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: FORMAN, CHRISTINE M
Address: 888 SE 3 AVE, STE 501
City-St-Zip: FT LAUDERDALE, FL 33316

Title: PD (X) Change () Addition
Name: FORMAN, M. AUSTIN
Address: 888 SE 3 AVE, STE 501
City-St-Zip: FT LAUDERDALE, FL 33316

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

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: M. AUSTIN FORMAN

PRES

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date