

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90012 024 \*\*\*150.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                          |                     |                                                                                                                     |                                                                                                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|---------------------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 649221</b><br>1. Entity Name<br><b>TREND MAGAZINES, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                          |                     |                                                                                                                     |                                                         |  |
| Principal Place of Business<br><b>490 1ST AVE. S.<br/>8TH FLOOR<br/>ST. PETERSBURG, FL 33701 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          |                     | Mailing Address<br><b>P.O. BOX 611<br/>ST. PETERSBURG, FL 33731 US</b>                                              |                                                                                                                                          |  |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                          | 3. Mailing Address  |                                                                                                                     |                                                                                                                                          |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          | Suite, Apt. #, etc. |                                                                                                                     |                                                                                                                                          |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          | City & State        |                                                                                                                     | 4. FEI Number<br><b>59-1057320</b>                                                                                                       |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                          | Country             |                                                                                                                     | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                          |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CORTY, ANDREW P<br/>490 FIRST AVENUE SOUTH<br/>ST. PETERSBURG, FL 33701</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                          |                     |                                                                                                                     | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                          |                     |                                                                                                                     |                                                                                                                                          |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                          |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                          |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          |                     | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                        |                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TD<br>MOORE, LYNN<br>490 1ST AVE. S.<br>SAINT PETERSBURG, FL 33701       |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | D<br>Hill, Jerry<br>490 First Avenue South<br>St. Petersburg, FL 33701                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | PD<br>CORTY, ANDREW<br>490 1ST AVE SOUTH<br>SAINT PETERSBURG, FL 33701   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | D<br>Neville, Moya<br>490 First Avenue South<br>St. Petersburg, FL 33701                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | CD<br>TASH, PAUL<br>490 1ST AVE. S.<br>SAINT PETERSBURG, FL 33701        |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | D<br>Nickens, Tim<br>490 First Avenue South<br>St. Petersburg, FL 33701                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VD<br>KEEVER, LYNDIA<br>490 1ST AVE. SOUTH<br>SAINT PETERSBURG, FL 33701 |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | D<br>Petty, Marty<br>490 First Avenue South<br>St. Petersburg, FL 33701                                                                  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>HOWARD, MARK<br>490 1ST AVENUE SOUTH<br>SAINT PETERSBURG, FL 33701  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | Change <input type="checkbox"/> Addition <input type="checkbox"/>                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br>GOODMAN, BARBARA<br>490 1ST AVE. S.<br>SAINT PETERSBURG, FL 33701   |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                      | Change <input type="checkbox"/> Addition <input type="checkbox"/>                                                                        |  |
| 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: <u>Andrew P. Corty</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                          |                     | Andrew P. Corty 3/15/08 727/893-8204                                                                                |                                                                                                                                          |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                          |                     | Date Daytime Phone #                                                                                                |                                                                                                                                          |  |