

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90018 027 \*\*\*150.00

<b>DOCUMENT # 667158</b> 1. Entity Name <b>ADVANCE MARKETING ASSOCIATES INC.</b>			
Principal Place of Business <b>2750 HWY 17 N</b> <b>PO BOX 9205</b> <b>WINTER HAVEN, FL 33883</b>		Mailing Address <b>2750 HWY 17 N</b> <b>PO BOX 9205</b> <b>WINTER HAVEN, FL 33883</b>	
2. Principal Place of Business - No P.O. Box # <b>2750-A HWY 17 N</b> Suite, Apt. #, etc. <b>P.O. BOX 9205</b>		3. Mailing Address <b>P.O. BOX 9205</b> Suite, Apt. #, etc.	
City & State <b>WINTER HAVEN, FL</b>		City & State <b>WINTER HAVEN, FL</b>	
Zip <b>33883</b>	Country <b>USA</b>	Zip <b>33883</b>	Country <b>USA</b>
4. FEI Number <b>59-2028173</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>BILL, TOMMIE L</b> <b>2750 HWY 17 N</b> <b>WINTER HAVEN, FL 33881</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2750-A HWY 17 N</b> City <b>WINTER HAVEN, FL</b>	
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.		Zip Code <b>33881</b>	
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering)			
Signature, typed or printed name of registered agent and title if applicable.			
DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	NAME <b>BILL, TOMMIE L</b>	TITLE <b>Change</b>	NAME <b>2750-A HWY 17 N</b>
STREET ADDRESS <b>2750 HWY 17 N</b>	CITY-ST-ZIP <b>WINTER HAVEN, FL 33881</b>	STREET ADDRESS <b>2750-A HWY 17 N</b>	CITY-ST-ZIP <b>WINTER HAVEN, FL 33881</b>
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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: <b>Tommie L. Bill, Pres.</b>		Date: <b>1-11-08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #: <b>863-293-6518</b>	