

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90050 022 \*\*\*150.00

<b>DOCUMENT # 683471</b> 1. Entity Name <b>POLLUTION SOLUTION MARKETING COMPANY</b>																										
Principal Place of Business <b>9703 S DIXIE HWY</b> <b>#14</b> <b>MIAMI, FL 33156 US</b>			Mailing Address <b>9703 S DIXIE HWY</b> <b>#14</b> <b>MIAMI, FL 33156 US</b>																							
2. Principal Place of Business <b>9703 S. DIXIE HWY</b> Suite, Apt. #, etc. <b>#2</b>		3. Mailing Address <b>9703 S. DIXIE HWY</b> Suite, Apt. #, etc. <b>#2</b>																								
City & State <b>Miami FL</b>		City & State <b>Miami FL</b>		4. FEI Number <b>59-2068584</b>																						
Zip <b>33156</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																						
6. Name and Address of Current Registered Agent  <b>MCNAUGHTON, ROBERT (SANDY)</b> <b>6050 SW 92ND STREET</b> <b>MIAMI, FL 33156</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																						
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 re-registering) DATE _____																										
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%; text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>MCNAUGHTON, SANDY</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>6050 SW 92RD ST.</b></td> <td></td> </tr> <tr> <td></td> <td><b>MIAMI, FL 33156</b></td> <td></td> </tr> </table>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	<b>MCNAUGHTON, SANDY</b>		CITY-ST-ZIP	<b>6050 SW 92RD ST.</b>			<b>MIAMI, FL 33156</b>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 60%;">NAME</td> <td style="width: 30%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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><i>Robert McNaughton</i></u> <b>ROBERT MCNAUGHTON</b> <u>4/6/05</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																										