


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # F00000000641		
1. Entity Name INSECTA MARKETING, INC.		
Principal Place of Business 713 EAST ATLANTIC BLVD POMPANO BEACH, FL 33060-6345	Mailing Address 713 EAST ATLANTIC BLVD POMPANO BEACH, FL 33060-6345	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JACOBSON, PETER SOUTHEAST ACCOUNTING & TAX GROUP 713 EAST ATLANTIC BLVD POMPANO BEACH, FL 33060-6345		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT QUINLAN, PAT 3601 NE 5TH AVE OAKLAND PARK, FL 333342214	<p>U00000585275 01/16/07-80005-013 150.00</p> DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HITTENBERGER, DON 3601 NE 5TH AVE OAKLAND PARK, FL 333342214	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JACOBSON, PETER 713 EAST ATLANTIC BLVD POMPANO BEACH, FL 330606345	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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>Pat Quinlan (PAT QUINLAN)</u> Jan 5, 2007 450-266-7143 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0973382	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required