
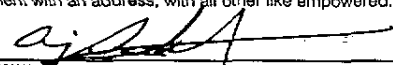


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 07, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000000498 1. Entity Name CUSTOMER FOCUSED MARKETING, INC.		
Principal Place of Business 511 E CARPENTER PKWY SUITE 575 IRVING, TX 75062	Mailing Address 511 E CARPENTER PKWY SUITE 575 IRVING, TX 75062	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SCHWARTZ, A.J. % ACCOUNTING PROFESSIONALS 12421 N. FLORIDA AVE, STE #B-125 TAMPA, FL 33612		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 reinstalling)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	P HARRIS, ALICIA 1908 SHUMARD OAK LANE IRVING, TX 750633466	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCHWARTZ, A.J. 1908 SHUMARD OAK LANE IRVING, TX 75063	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/30/07 972-717-3190 <small>Date Daytime Phone #</small>



01212007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-2712470	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/25/07-80060-007 150.00