

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000001183

Entity Name: GREAT CIRCLE MARKETING, INC.

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

646 N. RIVERSIDE DRIVE
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

646 N. RIVERSIDE DRIVE
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 56-2077056

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORRIS, ALAN
646 N. RIVERSIDE DRIVE
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

NORRIS, ALAN R PRESIDE
646 N. RIVERSIDE DRIVE
NEW SMYRNA BEACH, FL 32168 US

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.

SIGNATURE: ALAN R NORRIS

03/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: NORRIS, ALAN
Address: 646 N. RIVERSIDE DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL

Title: VSD () Delete
Name: NOWELL, AMY
Address: 646 N. RIVERSIDE DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: NORRIS, ALAN R PRES
Address: 646 N. RIVERSIDE DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP (X) Change () Addition
Name: NOWELL, BARBARA A VP
Address: 646 N. RIVERSIDE DRIVE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMY NOWELL

VP

03/20/2009

Electronic Signature of Signing Officer or Director

Date