2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
-Mar 31, 2005 08:00 AM
Secretary of State

	ANNOALI	CEPORI		 	- War .	31, 2005 08:00	
DOCUMENT # F04000001867					Se	cretary of State	
1. Entity Nan		••				U	
PROMA	RKETING, INC						
		este de la companya		THE .	_		
Principal Plac	ce of Business	Mailing Address					
		350 BLUEGRASS LAKES PKWY.					
ALPHARETTA	'A, GA 30004	ALPHARETTA, GA 30004					
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<u> </u>	DO NOT WHITE	IN THIS SEA	UE	4. FEI Num		Applied For	
		The second of th	Support of	The table of table	99160	Not Applicable \$8.75 Additional	
}		=	المحادث كالمتحاوية	5. Certifica	te of Status Desired	Fee Required	
	6. Name and Address of Current Rec	istered Agent					
CTCOPE	PODATION SYSTEM				. NI	Read it collect from	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			1	טע	NOT W	KIIE	
PLANTATION, FL 33324				IN	THIS SP	ACF	
<u> </u>			[33.4		70L	
		. Z					
8. The above	e named entity submits this statement for the	e purpose of changing its register	ed office or	registered agent, or b	ooth, in the State of Flo	rids. I am familiar with, and accept	
the obliga	atons of registered agent.						
SIGNATURE	Signature, typed or printed name of registered agent and the	lle t applicable (NOTE: Registers	e +4	re required when reinstating)	<u> </u>	DATE	
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FILE NOW!!! FEE IS \$150.00 9. Election Campaign Finance				\$5.00 May Be	1		
After M	lay 1, 2005 Fee will be \$550.00	Trust Fund Contribution.		Added to Fees			
10.	OFFICERS AND DIR	ECTORS			Sara Sarahata Bagan - <u></u>		
TITLE	PD						
NAME STREET ADDRESS	HALL, J.H. JR 1350 BLUEGRASS LAKES PKWY.				The Hender	ממרכת	
CITY-ST-ZIP	ALPHARETTA, GA 30004		i			282308 80037-014 150.00	
TITLE	STD				~~~~~~~~	noma, at: 100,00	
NAME	HALL, BEATRICE		!				
STREET ADDRESS			1				
CITY-ST-ZIP	ALPHARETTA, GA 30004		. 		= ======== ===========================	· ==	
TITLE	D HALL, RICHARD		1				
NAME STREET ADDRESS	1		1		NOT W		
CITY-ST-ZIP	ALPHARETTA, GA 30004	غران غران دان دان دان دان دان دان دان دان دان د	.1	טע	NOT W	HIIE	
TITLE	D		1	IN	THIS SF	PACE	
NAME	HALL, WILLIAM		i	13.4		AVE	
STREET ADDRESS			ł			•	
CITY-ST-ZIP	ALPHARETTA, GA 30004	<u> </u>	-				
TITLE	D HALL GREGORY		ļ				

12. I hereby certify that the information supplied with this filling 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 fusive 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: X

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

1350 BLUEGRASS LAKES PKWY. ALPHARETTA, GA 30004

1350 BLUEGRASS LAKES PKWY.

ALPHARETTA, GA 30004

HALL, TIMOTHY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF BOER OR DIRECTOR

1/29/05 m

770 4422534 Dayline Phone #