2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002207

Entity Name: THE MARKETING ALLIANCE BROKERS NETWORK, INC.

FILED Jan 25, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
111 WEST PORT PLAZA SUITE 1010 SAINT LOUIS, MO 63146								
Current Mailing Address:				New Mailing Address:				
128 ERIE BLVD. SCHENECTADY, NY 12305				C/O 128 ERIE BLVD CORP 128 ERIE BLVD SCHENECTADY, NY 12305				
FEI Number: 56-1973188 FEI Number Applied For () FEI Number				nber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:								
	Electronic	Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().								
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGES T	O OFFICER	S AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	S ()E MURRAY, EDWA 147 HORTSMAN SCOTIA, NY 123	DR		Title: Name: Address: City-St-Zip:	S (X) O MURRAY, EDWA 147 HORSTMAN SCOTIA, NY 123	DR	lition	
Title: Name: Address: City-St-Zip:	D () [JETTER, ART 13624 PARKER OMAHA, NE 681			Title: Name: Address: City-St-Zip:	()(Change () Add	lition	
Title: Name: Address: City-St-Zip:	C ()[VERZONE, RON/ 30 CARRIAGE D LOWELL, MA 01	R		Title: Name: Address: City-St-Zip:	()(Change ()Add	lition	
Title: Name: Address: City-St-Zip:	D () [DEWALD, JACK 8275 TOURNAMI MEMPHIS, TN 3			Title: Name: Address: City-St-Zip:	()(Change () Add	lition	
Title: Name: Address: City-St-Zip:	D ()[GLASSFORD, GA 2331 EAST OSB SCOTTSDALE, A	ORN		Title: Name: Address: City-St-Zip:	()(Change () Add	lition	
Title: Name: Address: City-St-Zip:	D () E STEWART, JAME 4026 WINDWAR TEGA CAY, SC 2	D DR		Title: Name: Address: City-St-Zip:	()(Change ()Add	lition	

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: EDWARD MURRAY T 01/25/2008