2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002207

FILED Mar 31, 2009 Secretary of State

Entity Name: THE MARKETING ALLIANCE BROKERS NETWORK, INC.

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:	
C/O 128 ERIE BLVD CORP 128 ERIE BLVD SCHENECTADY, NY 12305			111 WEST PORT PLAZA SUITE 1010 SAINT LOUIS, MO 63146		
FEI Number:	56-1973188	FEI Number Applied For ()	FEI Nun	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:					
	Electro	nic Signature of Registered Agent			Date
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	S (MURRAY, EDV 147 HORSTMA SCOTIA, NY 1	N DR		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (JETTER, ART 13624 PARKE OMAHA, NE 6			Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	C (VERZONE, RC 30 CARRIAGE LOWELL, MA	DR		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DEWALD, JAC	MENT DR 5350		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (GLASSFORD, 2331 EAST OS SCOTTSDALE	BORN		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (X STEWART, JA 4026 WINDWA TEGA CAY, SO	ARD DR		Title: Name: Address: City-St-Zip:	() Change () Addition
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					

SIGNATURE: EDWARD MURRAY 03/31/2009 S

above, or on an attachment with an address, with all other like empowered.