

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 JUN -4 PM 3:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # F05000004142

1. Entity Name
ARIES MARKETING, INC.



Principal Place of Business

3990 PONDEROSA WAY 6620 West ARBY AVE
LAS VEGAS, NV 89118

Mailing Address

3990 PONDEROSA WAY 6620 West ARBY AVE
LAS VEGAS, NV 89118

2. Principal Place of Business - No P.O. Box #

6620 West Arby Ave.

3. Mailing Address

6620 West Arby Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.



05082007 Chg-P CR2E034 (12/06)

City & State

Las Vegas, NV

City & State

Las Vegas, NV

4. FEI Number

88-0362642

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME ZIMMER, MICHAEL K
STREET ADDRESS 3990 PONDEROSA WAY 6620 West ARBY AVE.
CITY-ST-ZIP LAS VEGAS, NV 89118

TITLE S ☐ Delete
NAME ZIMMER, PATRICIA M
STREET ADDRESS 3990 PONDEROSA WAY 6620 West ARBY AVE.
CITY-ST-ZIP LAS VEGAS, NV 89118

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400104433374
CITY-ST-ZIP 06/15/07--01059--001 **550.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL K ZIMMER CEO 5/23/07 702-3860703
PRESIDENT

Daytime Phone #