

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004142

Entity Name: ARIES MARKETING, INC.

FILED
Mar 10, 2009
Secretary of State

Current Principal Place of Business:

6620 WEST ARBY AVE
LAS VEGAS, NV 89118

New Principal Place of Business:

6620 WEST ARBY AVE
LAS VEGAS, NV 89118 US

Current Mailing Address:

6620 WEST ARBY AVE
LAS VEGAS, NV 89118

New Mailing Address:

6620 WEST ARBY AVE
LAS VEGAS, NV 89118 US

FEI Number: 88-0362642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: PRES () Delete
Name: ZIMMER, MICHAEL K
Address: 6620 WEST ARBY AVE
City-St-Zip: LAS VEGAS, NV 89118

Title: SEC () Delete
Name: ZIMMER, PATRICIA M
Address: 6620 WEST ARBY AVE
City-St-Zip: LAS VEGAS, NV 89118

Title: TREA () Delete
Name: ZIMMER, MICHAEL K
Address: 6620 WEST ARBY AVENUE
City-St-Zip: LAS VEGAS, NV 89118

Title: DIR () Delete
Name: ZIMMER, MICHAEL K
Address: 6620 WEST ARBY AVENUE
City-St-Zip: LAS VEGAS, NV 89118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MICHAEL,
Address: 6620 WEST ARBY AVE LAS VEGAS NV 89118
City-St-Zip: LAS VEGAS, NV 89118 US

Title: S (X) Change () Addition
Name: PATRICIA,
Address: 6620 WEST ARBY AVE LAS VEGAS NV 89118
City-St-Zip: LAS VEGAS, NV 89118 US

Title: T (X) Change () Addition
Name: MICHAEL,
Address: 6620 WEST ARBY AVENUE LAS VEGAS NV 89118
City-St-Zip: LAS VEGAS, NV 89118 US

Title: D (X) Change () Addition
Name: MICHAEL,
Address: 6620 WEST ARBY AVENUE LAS VEGAS NV 89118
City-St-Zip: LAS VEGAS, NV 89118 US

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: MICHAEL K ZIMMER

P

03/10/2009

Electronic Signature of Signing Officer or Director

Date