

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F05000005524

FILED
May 19, 2009
Secretary of State**Entity Name:** THINK PARTNERSHIP INC.**Current Principal Place of Business:**15550 LIGHTWAVE DRIVE
3RD FLOOR
CLEARWATER, FL 33760**New Principal Place of Business:****Current Mailing Address:**15550 LIGHTWAVE DRIVE
3RD FLOOR
CLEARWATER, FL 33760**New Mailing Address:****FEI Number:** 87-0450450**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**JAGIELLA, ALEKSANDRA I ESQ.
15550 LIGHTWAVE DRIVE
3RD FLOOR
CLEARWATER, FL 33760 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**OFFICERS AND DIRECTORS:****Title:** CEO () Delete
Name: HOWE, RICHARD K
Address: 15550 LIGHTWAVE DRIVE
City-St-Zip: CLEARWATER, FL 33760**Title:** CFO () Delete
Name: BABITT, GAIL
Address: 15550 LIGHTWAVE DRIVE
City-St-Zip: CLEARWATER, FL 33760**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

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: GAIL BABBITT

CFO

05/19/2009

Electronic Signature of Signing Officer or Director_____
Date