

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005989

FILED
Jan 22, 2009
Secretary of State

Entity Name: MARKETING ASSOCIATES, INC. OF NC

Current Principal Place of Business:

131 ST JAMES WAY
MT. AIRY, NC 27030

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 6007
MT AIRY, NC 27030

New Mailing Address:

FEI Number: 56-1864329

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: PC () Delete
Name: SIMMONS, C. DAVID
Address: 131 ST. JAMES WAY
City-St-Zip: MT AIRY, NC 27030

Title: V () Delete
Name: MORRIS, TONY
Address: 131 ST. JAMES WAY
City-St-Zip: MT AIRY, NC 27030

Title: S () Delete
Name: O'NEAL, MARK
Address: 131 ST. JAMES WAY
City-St-Zip: MT AIRY, NC 27030

Title: T () Delete
Name: MARION, RICK
Address: 131 ST. JAMES WAY
City-St-Zip: MT AIRY, NC 27030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MARION, RICK M
Address: 131 ST. JAMES WAY
City-St-Zip: MT AIRY, NC 27030

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: RICKY M MARION

TREA

01/22/2009

Electronic Signature of Signing Officer or Director

_____ Date