

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003288

FILED  
Apr 28, 2008  
Secretary of State

**Entity Name:** CUSTOMER ACQUISITION NETWORK, INC.

**Current Principal Place of Business:**

595 SOUTH FEDERAL HIGHWAY SUITE 800  
BOCA RATON, FL 33432

**New Principal Place of Business:**

401 E LAS OLAS BLVD  
SUITE 1560  
FT LAUDERDALE, FL 33301

**Current Mailing Address:**

595 SOUTH FEDERAL HIGHWAY SUITE 800  
BOCA RATON, FL 33432

**New Mailing Address:**

401 E LAS OLAS BLVD  
SUITE 1560  
FT LAUDERDALE, FL 33301

**FEI Number:** 71-1034158

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD, INC.  
515 EAST PARK AVE  
TALLAHASSEE, FL 32301 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: CP ( ) Delete  
Name: BRAUSER, MICHAEL  
Address: 595 SOUTH FEDERAL HIGHWAY SUITE 800  
City-St-Zip: BOCA RATON, FL 33432

Title: DST ( ) Delete  
Name: HONIG, BARRY  
Address: 595 SOUTH FEDERAL HIGHWAY SUITE 800  
City-St-Zip: BOCA RATON, FL 33432

**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:** DEVON COHEN

COO

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date