

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000004934

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** ALTITUDE MARKETING GROUP INC.

**Current Principal Place of Business:**

110 NE 19TH AVE  
#12A  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

**Current Mailing Address:**

110 NE 19TH AVE  
#12A  
DEERFIELD BEACH, FL 33441

**New Mailing Address:**

**FEI Number:** 45-3967677

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLAKENSHIP, KEN  
1525 NW 29TH STREET  
POMPANO BEACH, FL 33064 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:** CDP  
**Name:** LEVINE, ROBERT  
**Address:** 110 NE 19TH AVE, #12A  
**City-St-Zip:** DEERFIELD BEACH, FL 33441

**Title:** VP  
**Name:** LEVINE, ROBERT  
**Address:** 110 NE 19TH AVE, #12A  
**City-St-Zip:** DEERFIELD BEACH, FL 33441

**Title:** SD  
**Name:** LOSACCO, JOHN  
**Address:** 110 NE 19TH AVE, #12A  
**City-St-Zip:** DEERFIELD BEACH, FL 33441

I hereby 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 all other like empowered.

**SIGNATURE:** ROBERT LEVINE

CDP

04/26/2012

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

\_\_\_\_\_  
Date