2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001853

Entity Name: JOHN DIXON, ALICTIONS & MARKETING, INC.

FILED Apr 30, 2008 Secretary of State

y		or, noonoro a which	11 10 , 11 10 .			
Current P	rincipal Place	of Business:	New Prin	New Principal Place of Business:		
SUITE 102	PARKWAY N 2 A, FL 30062353	8	SUITE 120	200 COBB PARKWAY N SUITE 120 MARIETTA, GA 300623538		
Current M	ailing Address	::	New Mail	New Mailing Address:		
200 COBB PARKWAY N SUITE 102 MARIETTA, FL 300623538			SUITE 120	200 COBB PARKWAY N SUITE 120 MARIETTA, GA 300623538		
FEI Number:	: 58-2219798	FEI Number Applied For ()	FEI Number Not App	plicable ()	Certificate of Status I	Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
2223 VIST	D, CHARLES V A COVE ROAD STINE, FL 3208					
	named entity s e of Florida.	ubmits this statement for the	purpose of changing	its registered offi	ice or registered a	gent, or both,
SIGNATUR	RE:					
	Electroni	c Signature of Registered Ag	jent		Date	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	CP () DIXON, JOHN L 2673 NORTHBR DORAVILLE, GA		Title: Name: Address: City-St-Zip:	DIXON, JOHN Ĺ 345 CARYBELL I		

Title: () Delete Title: () Change () Addition

DIXON, RICHARD A Name: Name: Address: 415 GAEL WAY Address: WOODSTOCK, GA 30188 City-St-Zip: City-St-Zip:

Title: () Delete Title: () Change () Addition

Name: WAGGONER, JAMES T Name: 3085 BURLINGAME DRIVE Address: Address: City-St-Zip: ROSWELL, GA 30075 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.

CP SIGNATURE: JOHN L. DIXON 04/30/2008