

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G38224</b>	
1. Entity Name <b>MARKETING ASSOCIATES GROUP, INC.</b>	
Principal Place of Business <b>410 WASHINGTON BLVD NW LAKE PLACID, FL 33852</b>	Mailing Address <b>410 WASHINGTON BLVD NW LAKE PLACID, FL 33852</b>



01172007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2290999</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BREWER, PEGGY ANN 410 WASHINGTON BLVD NW LAKE PLACID, FL 33852</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ELOWSKY, LAURA 410 WASHINGTON BLVD. NW LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD BREWER, PEGGY ANN 405 FLAMINGO RD, NE LAKE PLACID, FL 33852
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KING, LARRY P PO BOX 780459 ORLANDO, FL 328780459
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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04/03/07-80013-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Peggy A Brewer Peggy Ann Brewer 3/22/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #