

**FILED**  
**Apr 09, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # H49663</b> 1. Entity Name <b>ADVENT MARKETING, INC.</b>				<b>Apr 09, 2008 08</b> <b>Secretary of S</b>	
Principal Place of Business <b>1576 NW MYRTLE AVE</b> <b>ARCADIA, FL 34266 US</b>		Mailing Address <b>PO BOX 700</b> <b>ARCADIA, FL 33821 US</b>			
<b>DO NOT WRITE IN THIS SPACE</b>				04072008 No Chg-P CR2E034 (11/05)	
				4. FEI Number <b>59-2507006</b>	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>JONES, GERALD J</b> <b>1576 NW MYRTLE AVE</b> <b>ARCADIA, FL 33821</b>				<b>DO NOT WRITE IN THIS SPACE</b>	
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</b> <b>After May 1, 2008 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>	
10. OFFICERS AND DIRECTORS		 04/22/08-80006-005 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DP JONES, GERALD J 1576 NW MYRTLE AVE ARCADIA, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DCS JONES, BETTY C 1576 NW MYRTLE AVE ARCADIA, FL			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VPM JONES, JAMES M KILL DEER COON RAPIDS, MN			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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: <u>Gerald J. Jones Pres</u> <b>GERALD J. JONES</b> 4-07-08 863-990-1237					