



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

May 04, 2005 08:00 AM  
Secretary of State

DOCUMENT # K07306						 <p>1st MOORE CR2E034 (10/04)</p>																													
1. Entity Name PHILIPS MARKETING SERVICES, INC.				Principal Place of Business 64 PERIMETER CENTER EAST ATLANTA GA 31146				Mailing Address 1251 AVENUE OF THE AMERICAS ATTN: PAUL S. FRIEDLANDER NEW YORK NY 10020-1104																											
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.																															
City & State				City & State																															
Zip		Country		Zip		Country		4. FEI Number 13-3462816		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required								6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																							
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 reappointing) DATE _____																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																													
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																													
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ Robert N Smith 4/28/05																																			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																			