

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K50912

FILED
Mar 30, 2009
Secretary of State

Entity Name: UNISOURCE MARKETING GROUP, INC.

Current Principal Place of Business:

24 NE 24TH AVE
STE 102
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

24 NE 24TH AVE
STE 102
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 65-0092028 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COSTANTINI, ROBERT J.
2485 SE 10TH CT
POMPANO BEACH, FL 33062 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COSTANTINI, ROBERT J
Address: 2485 SE 10TH CT
City-St-Zip: POMPANO BEACH, FL

Title: D () Delete
Name: COSTANTINI, SANDRA J
Address: 2485 SE 10TH CT
City-St-Zip: POMPANO BEACH, FL

Title: D () Delete
Name: COSTANTINI, MICHAEL
Address: 2485 SE 10TH CT
City-St-Zip: POMPANO BEACH, FL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: ANTHONY, COSTANTINI
Address: 1030 WILKINSON STREET
City-St-Zip: ORLANDO, FL 32803

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.

SIGNATURE: MICHAEL COSTANTINI

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03/30/2009

Electronic Signature of Signing Officer or Director

_____ Date