


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 08:00 AM
Secretary of State

DOCUMENT # K86561 1. Entity Name 3 D MARKETING, INC.	
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Principal Place of Business C/O CAROL DIETZ 18315 CYPRESS VIEW WAY TAMPA, FL 33647	Mailing Address C/O CAROL DIETZ 18315 CYPRESS VIEW WAY TAMPA, FL 33647
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2957659	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent DIETZ, CAROL 18315 CYPRESS VIEW WAY TAMPA, FL 33647
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IN THIS SPACE**

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 <i>Carol N. Dietz</i> Signature, typed or printed name of registered agent and title if applicable.	DATE <i>1-7-04</i> (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIETZ, RANDALL 16133 CARDEN DRIVE ODESSA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIETZ, WILLIAM 12838 COCOA PINE DR BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIETZ, GAYNOR 16133 CARDEN D DRIVE ODESSA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIETZ, CAROL 18315 CYPRESS VIEW WAY TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIETZ, YVONNE 12838 COCOA PINE DRIVE BOYNTON BEACH, FL 33436
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIETZ, WALLACE 18315 CYPRESS VIEW WAY TAMPA, FL

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01/14/04-80018-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Carol N. Dietz</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <i>1-7-04</i> DAYTIME PHONE # <i>813-973-1718</i>