


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # K86561 1. Entity Name 3 D MARKETING, INC.	
---	---

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
---	---

DO NOT WRITE IN THIS SPACE



01062005 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent

DIETZ, CAROL
18315 CYPRESS VIEW WAY
TAMPA, FL 33647

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

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

000000176661
01/11/05-80005-022 150.00

**DO NOT WRITE
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)(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: Carol N Dietz 1/7/05 813-973-1718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #