


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90271 023 ***150.00

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01112006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-2957659				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 DIETZ, CAROL 18315 CYPRESS VIEW WAY TAMPA, FL 33647			7. Name and Address of New Registered Agent Name DIETZ, WALLACE Street Address (P.O. Box Number is Not Acceptable) 18315 CYPRESS VIEW WAY City TAMPA FL Zip Code 33647		
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 <u>Wallace Dietz</u> 1/12/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DIETZ, RANDALL 16133 CARDEN DRIVE ODDESSA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DIETZ, WILLIAM 12838 COCOA PINE DR BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S DIETZ, GAYNOR 16133 CARDEN DRIVE ODESSA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T DIETZ, CAROL 18315 CYPRESS VIEW WAY TAMPA, FL	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIETZ, YVONNE 12838 COCOA PINE DRIVE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIETZ, WALLACE 18315 CYPRESS VIEW WAY TAMPA, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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>Wallace Dietz</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				1/12/06 813-973-1718 <small>Date Daytime Phone #</small>	