

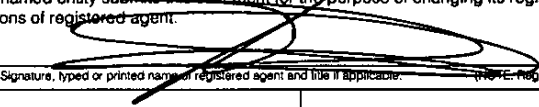
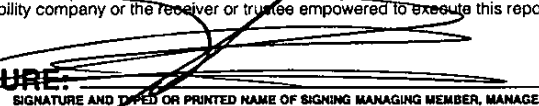


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90148 024 ****50.00

DOCUMENT # L04000047442 1. Entity Name PROFESSIONAL MARKETING OF LAKELAND, LC					
Principal Place of Business 213 EAST BAY ST LAKELAND, FL 33801			Mailing Address 213 EAST BAY ST LAKELAND, FL 33801		
2. Principal Place of Business 226 N. Kentucky Ave Suite, Apt. #, etc.		3. Mailing Address 226 N. Kentucky Ave Suite, Apt. #, etc.		<div style="font-size: 2em; font-family: cursive;">20066387</div> 	
City & State LAKELAND, FL Zip 33801		City & State LAKELAND, FL Zip 33801		4. FEI Number 07292005 Chg-LLC CR2E083 (10/03)	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MATTSON, ARTHUR E 213 EAST BAY ST LAKELAND, FL 33801			7. Name and Address of New Registered Agent Name MATTSON, ARTHUR E. Street Address (P.O. Box Number is Not Acceptable) 226 N. Kentucky Ave City LAKELAND FL Zip Code 33801		
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  <small>Signature, typed or printed name of registered agent and title if applicable. (None if Registered Agent signature required when reinstating)</small>			DATE 8/3/05		
Filing Fee is \$50.00 Due by September 7, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MANAGER NAME ARTHUR E. MATTSON STREET ADDRESS 226 N. KENTUCKY AVE CITY-ST-ZIP LAKELAND, FL 33801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE 8/3/05 DAYTIME PHONE # 863-640-4040		