


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2007 8:00 am**  
**Secretary of State**

04-04-2007 90181 010 \*\*\*158.75

<b>DOCUMENT # L10895</b>	
1. Entity Name <b>SEGMENT MARKETS 85, INC.</b>	

Principal Place of Business <b>852 21ST STREET PO BOX 687 VERO BEACH, FL 32961 US</b>	Mailing Address <b>852 21ST STREET PO BOX 687 VERO BEACH, FL 32961 US</b>
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2. Principal Place of Business - No P.O. Box # <b>1777 CORAL WAY NORTH</b>	3. Mailing Address <b>1777 CORAL WAY NORTH</b>
Suite, Apt. #, etc. <b>PO Box 687</b>	Suite, Apt. #, etc. <b>PO Box 687</b>
City & State <b>VERO BEACH, FL</b>	City & State <b>VERO BEACH, FL</b>
Zip <b>32961</b>	Country <b>USA</b>

40030101



04012007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>KRAMER, JOHN JR 852 21ST STREET PO BOX 687 VERO BEACH, FL 32961</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	<b>1777 CORAL WAY NORTH</b>
	<b>PO Box 687</b>
City	<b>VERO BEACH FL</b>
Zip Code	<b>32961</b>

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: John Kramer Jr JOHN KRAMER JR 4/1/07  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRAMER JR., JOHN 1777 CORAL WAY NORTH VERO BEACH, FL 32963 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KRAMER, SUSAN T. 1777 CORAL WAY NORTH VERO BEACH, FL 32963 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: John Kramer Jr JOHN KRAMER JR 4/1/07 772-539-9178  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #