
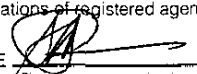

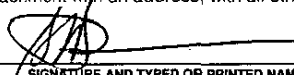


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90022 010 \*\*\*150.00

<b>DOCUMENT # L13491</b> 1. Entity Name <b>COMPUTER MARKETING INNOVATIONS, INC.</b>					
Principal Place of Business <b>2324 NE 8TH RD OCALA FL 34470 US</b>			Mailing Address <b>2324 NE 8TH RD 1760 S.E. 3RD AVE. OCALA FL 34470 US</b>		
2. Principal Place of Business		3. Mailing Address <b>2324 NE 8th Rd</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>OCALA FL</b>		4. FEI Number <b>59-2982767</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>34470</b>		Country <b>US</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>BAUSINGER, STANLEY L. 1760 S.E. 3RD AVE. OCALA FL 34471</b>			7. Name and Address of New Registered Agent Name <b>BAUSINGER, Stanley L.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2226 NE 8th St</b> City <b>OCALA</b> <b>FL</b> Zip Code <b>34470</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  <b>Stan Bausinger President</b>  <b>2-24-04</b> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS BAUSINGER, STANLEY L. 1760 SE 3RD AVE OCALA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS BAUSINGER, Stanley L. 2226 NE 8th St OCALA FL 34470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BAUSINGER, LINDA, M 1760 SE 3RD AVE. OCALA FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAUSINGER, LINDA M. 2226 NE 8th St OCALA, FL 34470	<input checked="" 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	TD BAUSINGER CHARLENE-M. 2226 NE 8th St. OCALA, FL 34470	<input type="checkbox"/> Change <input checked="" 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
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
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:  <b>Stan Bausinger President</b>			<b>2-24-04</b> <b>352351-4627</b> <small>Date Daytime Phone #</small>		