


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90005 048 \*\*\*150.00

**60011227**



DOCUMENT # P0000007398			
1. Entity Name V.I.P. MARKETING GROUP, INC.			
Principal Place of Business 25180 HARBORSIDE BLVD PUNTA GORDA, FL 33955		Mailing Address 25180 HARBORSIDE BLVD PUNTA GORDA, FL 33955	
2. Principal Place of Business 25180 Harborside Blvd Suite, Apt. #, etc.		3. Mailing Address 25180 Harborside Blvd Suite, Apt. #, etc.	
City & State Punta Gorda FL		City & State Punta Gorda FL	
Zip 33955		Zip 33955	
Country USA		Country USA	
4. FEI Number 65-0975291		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 TEAGUE, EILEEN 1584 AQUI ESTA DR PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		Zip Code	
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: <i>Eileen Teague</i>		DATE: 1/24/06	
Signature, typed or printed name of registered agent, and fee if applicable.		(NOTE: Registered Agent signature required when reinstating)	
DATE		DATE	
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	DP <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEAGUE, EILEEN	NAME	
STREET ADDRESS	1584 AQUI ESTA DR	STREET ADDRESS	25180 HARBORSIDE BLVD
CITY-ST-ZIP	PUNTA GORDA, FL 33950	CITY-ST-ZIP	PUNTA GORDA FL 33955
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEAGUE, EDWIN F	NAME	
STREET ADDRESS	1584 AQUI ESTA DR	STREET ADDRESS	25180 HARBORSIDE BLVD.
CITY-ST-ZIP	PUNTA GORDA, FL 33950	CITY-ST-ZIP	PUNTA GORDA, FL 33955
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEAGUE, EILEEN	NAME	
STREET ADDRESS	1584 AQUI ESTA DR	STREET ADDRESS	25180 HARBORSIDE BLVD.
CITY-ST-ZIP	PUNTA GORDA, FL 33950	CITY-ST-ZIP	PUNTA GORDA, FL 33955
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Eileen Teague</i>		DATE: 1/24/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	
EILEEN TEAGUE		941-505-7433	