## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000032919

Entity Name: PRO MARKETING SALES, INC.

FILED Jan 18, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 18395 GULF BLVD 203 INDIAN SHORES, FL 33785 **New Mailing Address: Current Mailing Address:** 18395 GULF BLVD INDIAN SHORES, FL 33785 FEI Number: 59-3633712 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HALL, JACK H SR 2200 SO. OCEAN LANE 304 FT. LAUDERDALE, FL 33316 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition HALL, J. HARVEY JR Name: Name: HALL, J. HARVEY JR 3605 RIVER FERRY DRIVE 755 VISTA BLUFF Address: Address: City-St-Zip: ALPHARETTA, GA 30022 City-St-Zip: DULUTH, GA 30097 SD Title: Title: () Delete () Change () Addition HALL, RICHARD H Name: Name: 702 MILLPOINTE L #8 Address: Address: DULUTH, GA 30097 City-St-Zip: City-St-Zip: Title: Title: TD ( ) Delete () Change () Addition HALL, WILLIAM Name: Name: 6245 DEERWOODS TRAIL Address: Address: ALPHARETTA, GA 30005 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: () Change () Addition HALL, GREGORY L Name: Name: Address: 5720 SEVEN OAKS PKWY Address: City-St-Zip: ALPHARETTA, GA 30005 City-St-Zip: Title: Title: ( ) Delete () Change () Addition HALL, TIMOTHY A Name: Name: 3380 SHADY COVE Address: Address: City-St-Zip: CUMMING, GA 30041 City-St-Zip: Title: () Delete Title: () Change () Addition HALL, JOE B Name: Name: 1458 CONASAUGA AVE NE Address: Address: City-St-Zip: ATLANTA, GA 30319 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA WORRELL MGR 01/18/2007