


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90076 001 \*\*\*150.00

DOCUMENT # P00000051428	
1. Entity Name SALLY GARDNER MARKETING INC.	

Principal Place of Business 20820 DEL LUNA DRIVE BOCA RATON, FL 33433	Mailing Address 20820 DEL LUNA DRIVE BOCA RATON, FL 33433
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**DO NOT WRITE IN THIS SPACE**

401111



04122007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1013969	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDBLATT, SALLIE  
20820 DEL LUNA DRIVE  
BOCA RATON, FL 33437

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P GOLDBLATT, SALLIE 10713 LAKE WYNDS CT. BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP GOLDBLATT, MURRAY 10713 LAKE WYNDS CT. BOYNTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

*PLS. NOTE  
NEW  
ADDRESS*

*6911 ANTINORI  
LAKE  
BOYNTON BEACH  
FL  
33437*

**DO NOT WRITE  
THIS SPACE**

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: *Sally Gardner* *SALLY GOLDBLATT* 4/1/07 561-752-8639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #