## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 05, 2007 08:00 Al Secretary of State DOCUMENT # P00000056257 1. Entity Name PLATINUM MARKETING GROUP, INC. Mailing Address Principal Place of Business 2046 TERRAZZO LANE 2046 TERRAZZO LANE NAPLES, FL 34104 1 US NAPLES FL 34104 No Chg-P CR2E034 (11/05) 04022007 DO NOT WRITE IN THIS SPACE Applied For 4. FFI Number 59-3644840 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **HUDAK, ELIZABETH J** DO NOT WRITE 2046 TERRAZZO LANE NAPLES, FL 34104 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PSTD TITLE NAME HUDAK, ELIZABETH-J 2046 TERRAZZO LANE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34104 000000690379 04/11/07-80073-023 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

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 attackment with an address, with all other like empowered.

CICALATI IDE. Classifications are 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 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 attackment with an address, with all other like empowered.

CICALATI IDE. Classification of the information contains a 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 of the corporation or the corporation or the receiver of the corporation or the receiver of