

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000043983

Entity Name: MARKET SHARE, INC.

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

450 BROWN THRASHER CT.
ALPHARETTA, GA 30004 US

New Principal Place of Business:

450 BROWN THRASHER CT.
ALPHARETTA, GA 30009 US

Current Mailing Address:

450 BROWN THRASHER CT.
ALPHARETTA, GA 30004 US

New Mailing Address:

450 BROWN THRASHER CT.
ALPHARETTA, GA 30009 US

FEI Number: 65-1104489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

CARLSON, JACK
108 SAGUARO LANE
MARATHON, FL 33050 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: JACK CARLSON

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEELY, SEAN
Address: 450 BROWN THRASHER CT.
City-St-Zip: ALPHARETTA, GA 30004

Title: S () Delete
Name: NEELY, CHRISTINE
Address: 450 BROWN THRASHER CT.
City-St-Zip: ALPHARETTA, GA 30004

Title: D () Delete
Name: NEELY, CHRISTINE
Address: 450 BROWN THRASHER CT.
City-St-Zip: ALPHARETTA, GA 30004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SEAN NEELY

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date