2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005
Secretary of State

DOCUMENT# P01000055434

Entity Name: SOUTHEAST SALES & MARKETING, INC.

Current Principal Place of Business:

5660 WEST CYPRESS
SUITE A
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

3850 N 29 TERRACE
SUITE 105
HOLLYWOOD, FL 33020 US

New Mailing Address:

FEI Number: 59-3722510 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PROVENZANO, JACK
5660 WEST CYPRESS
SUITE A
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: JOHNSON, BARBARA
Address: 3850 N 29 TERRACE #105
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: STD ( ) Delete
Name: MESSIER, PAULA
Address: 5660 WEST CYPRESS
City-St-Zip: TAMPA, FL 33607 US

Title: D ( ) Delete
Name: PROVENZANO, JACK
Address: 5660 WEST CYPRESS
City-St-Zip: TAMPA, FL 33607

Title: D ( ) Delete
Name: ROBINSON, DANIEL
Address: 2805 BERWICK DRIVE
City-St-Zip: TARPON SPRINGS, FL 34688

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:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 JOHNSON PD 03/22/2005

Electronic Signature of Signing Officer or Director — Date