


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000076284 1. Entity Name TREAD BLASTER MARKETING, INC.	
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Principal Place of Business 3270 SEDGE PLACE NAPLES, FL 34105	Mailing Address 3270 SEDGE PLACE NAPLES, FL 34105
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DO NOT WRITE IN THIS SPACE



02092006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1127033	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

LIPP, STAN
3270 SEDGE PLACE
NAPLES, FL 34105

**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 reinstating) _____ DATE _____

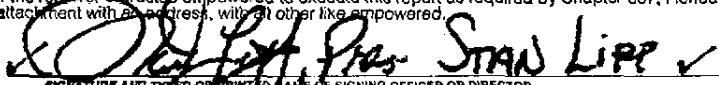
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LIPP, STAN 3270 SEDGE PL NAPLES, FL 34105
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LIPP, EVELYN M 3270 SEDGE PL NAPLES, FL 34105
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02/25/06-80049-023 150.00

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IN 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:  STAN LIPP ✓ 13 Feb 2006 239-644-54

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