


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P02000067833</b> 1. Entity Name SPIRIT MARKETING, INC.	
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Principal Place of Business 4017 WOODSIDE DRIVE CORAL SPRINGS, FL 33065	Mailing Address 4017 WOODSIDE DRIVE CORAL SPRINGS, FL 33065
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05022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0718967	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  NEWMAN, JONELLE 4017 WOODSIDE DRIVE CORAL SPRINGS, FL 33065
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**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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWMAN, JONELLE 4017 WOODSIDE DRIVE CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALANTE, KATHLEEN 4017 WOODSIDE DRIVE CORAL SPRINGS, FL 33065
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05/25/07-80025-021 150.00

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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: Jonelle Newman 4/30/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #