


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000068366

1. Entity Name
 CAS MARKETING, INC.



Principal Place of Business Mailing Address

682 VERONA CT 682 VERONA CT
 WESTON, FL 33326 WESTON, FL 33326

DO NOT WRITE IN THIS SPACE



03282005 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0732075	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

CORPORATE CREATIONS NETWORK INC.
 941 FOURTH ST
 MIAMI BCH, FL 33139

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHWARTZ, CATHY
STREET ADDRESS	682 VERONA CT
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 04/01/05-80021-001 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  CATHY SCHWARTZ 3/28/05 954384-0604

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