

**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90009 045 \*\*\*150.00



**DOCUMENT # P02000072578**

1. Entity Name  
 **RIPPLE EFFECT MARKETING COMPANY**

Principal Place of Business  
 **518 LEAF CIRCLE  
 DELAND FL 32724**

Mailing Address  
 **8966 SW 87 CT., SUITE 12-A  
 MIAMI FL 33176**

2. Principal Place of Business - No P.O. Box #  
 **3811 LACE VINE LANE**

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 **BOYNTON BEACH, FL**

City & State  
 City & State

4. FEI Number  **03-0468500** Applied For  
 Not Applicable

5. Certificate of Status Desired   **\$8.75 Additional Fee Required**



1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent  
 **GAILYNN DAVIS  
 518 LEAF CIRCLE  
 DELAND FL 32724**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES	<input type="checkbox"/> Delete	TITLE Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIS, GAILYNN		NAME DAVIS, GAILYNN	
STREET ADDRESS 518 LEAF CIRCLE		STREET ADDRESS 3811 LACE VINE LANE	
CITY- ST- ZIP DELAND FL 32724		CITY- ST- ZIP BOYNTON Bch, FL 33436	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Gailynn B. Davis*  **Gailynn B. Davis**  **President**  **03-26-07**  **305-613-2493**

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