## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** May 06, 2004 8:00 am Secretary of State 05-06-2004 90166 014 \*\*\*150.00

Principal Place of Description   DANIA BEACH, FL 33004 US	DOCUMENT # P03000016789  1. Entity Name MCADAMS MARKETING & INCENTIVES, INC.									
2. Principal Piaco of Business   3. Meliang Anchress    Sulfo, Apt. 8, etc.   Sulfo, Apt. 8, etc.   Guy & State   Guy & ChipP   CREE004 (10/03)    Zip   Country   Zip   Country   Zip   Country   S. Cedification of Status Desired   Sea. Desired   Sea. Sea. Sea. Sea. Sea. Sea. Sea. Sea.	Principal Place	e of Business	Mailing Address		7					
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S. Certificated of Statis, Desired   Fee Required	City & State		<u> </u>			4. FEI Number	91-2186.		Not Applicable	
NATION ANTONIO L 221 SE 1ST STREET DANIA BEACH, FL 33004  8. The above named entity submits his statement for the putyres of changing its registered office or registered agent, or both, in the State of Florida. I sun familiar with, and society the obligations of registered agent, or both, in the State of Florida. I sun familiar with, and society the obligations of registered agent or tip in the obligations of registered agent and tip in the obligations of registered agent, or both, in the State of Florida. I sun familiar with, and society the obligations of registered agent, or both, in the State of Florida. I sun familiar with, and society the obligations of registered agent, or both, in the State of Florida. I sun familiar with, and society the obligations of registered agent, or both, in the State of Florida. I sun familiar with, and society the obligations of registered agent, or both, in the State of Florida. I sun familiar with, and society the obligations of registered agent, or both, in the State of Florida. I sun familiar with, and society the obligations of registered agent, or both, in the State of Florida. I sun familiar with, and society the obligations of registered agent, or both, in the State of Florida. I sun familiar with, and society the obligations of registered agent, or both, in the State of Florida. I sun familiar with, and society the obligations of registered agent, or both, in the State of Florida. I sun familiar with, and society the obligations of registered agent, or both, in the State of Florida. I sun familiar with, and society the state of Florida. I sun familiar with, and society the state of Florida. I sun familiar with, and society the state of Florida. I sun familiar with, and society the state of Florida. I sun familiar with, and society the state of Florida. I sun familiar with, and society the state of Florida. I sun familiar with, and society the state of Florida. I sun familiar with, and society the state of Florida. I sun familiar with, and society the state of Florida.	Zip			Coun	try			Fee R		
TWYMON, ANTONIO L 221 SE 1ST STREET DANIA BEACH, FL 33004    Cay   FL   Zip Code		6. Name and Address of Current	Registered Agent		Namo	7. Name and /	Address of New R	egistered Agent		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Foricta. Tam farmiliar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typod is given named of logistered agent and list a applicable. (InCTE Registered Agent in greater registered agent, or both, in the State of Foricta. Tam farmiliar with, and accept the obligations of registered agent.  FILE NOWNTH FEE IS \$150.00  After file y 1, 2004 Fee will be \$350.00  After file y 1, 2004 Fee will be \$350.00  Trust Fund Contribution.	221 SE 1ST STREET									
B. 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    Systems, typed or govered name of logistered agent motited if accidents.   (NOTE: Registered Agent greaters registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.   Charge   Charg	brank bekon, i e oooo				<u> </u>					
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I hereby certify that the information supplied with this fiting does not qualify 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 signature shall have the same legal effect as if made under oath; that I am an officer or director of the composition 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: ANTONIO L. TWYHON WE OF SIGNING OFFICER OR DIRECTOR

954-661-6704 Daytime Phone #