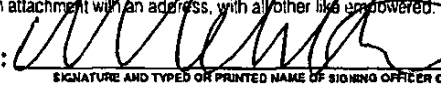


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FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90216 017 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000048207								
1. Entity Name DAKOTA MARKETING, INC.								
Principal Place of Business 2625 PROSPERITY OAKS CT PALM BEACH GARDENS, FL 33410			Mailing Address 2625 PROSPERITY OAKS CT PALM BEACH GARDENS, FL 33410					
2. Principal Place of Business 5400 S. UNIVERSITY DR. SUITE 214 DAVIE, FLORIDA 33328			3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04202005 Chg-P CR2E1G4 (10/01)				
City & State		City & State		4. FEI Number 43-2012667				
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Fee Required				
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE, FL 33311-4132				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 re-registering) DATE _____								
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change ☐ Addition
	DPST	2625 PROSPERITY OAKS CT	PALM BEACH GARDENS, FL 33410					
12. I hereby certify that the information supplied with this filing 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 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 of Block 11 if changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: 				04/25/05		954-434-8920		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Day and Phone #		