
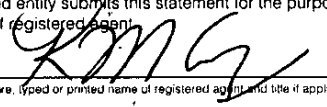
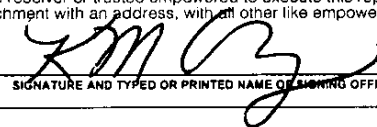


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 19, 2008 8:00 am**  
**Secretary of State**

06-19-2008 90001 010 \*\*\*150.00

|   |  |   |   |
|---|--|---|---|
| <b>DOCUMENT # P03000066928</b>  |  |    |   |
| 1. Entity Name<br><b>MARKET ANALYTICS GROUP, INC.</b>   |  |   |   |
| Principal Place of Business<br><b>2655 LE JEUNE RD, SUITE 1110<br/>CORAL GABLES, FL 33134</b>   |  | Mailing Address<br><b>2655 LE JEUNE RD, SUITE 1110<br/>CORAL GABLES, FL 33134</b>   |   |
| 2. Principal Place of Business - No P.O. Box #<br><b>2655 Le Jeune Rd</b>   |  | 3. Mailing Address<br><b>2655 Le Jeune Rd</b>   |   |
| Suite, Apt. #, etc.<br><b>1110</b>  |  | Suite, Apt. #, etc.<br><b>1110</b>  |   |
| City & State<br><b>Coral Gables, FL</b>   |  | City & State<br><b>Coral Gables, FL</b>   |   |
| Zip<br><b>33134</b>   | Country<br><b>USA</b>  | Zip<br><b>33134</b>   | Country<br><b>USA</b>   |
| 4. FEI Number<br><b>86-1067904</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Name and Address of Current Registered Agent<br><b>COOLEY, KATHERINE M<br/>2332 GALIANO STREET<br/>SUITE 309<br/>CORAL GABLES, FL 33134</b>  |  | 7. Name and Address of New Registered Agent<br>Name <b>Katherine M. Cooley</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>2655 Le Jeune Rd</b><br><b>Suite 1110</b><br>City <b>Coral Gables</b> FL Zip Code <b>33134</b> |   |
| 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.<br>SIGNATURE  DATE <b>6/12/2008</b><br><small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |   |
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 12, 2008</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |   |
| 10. OFFICERS AND DIRECTORS  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>COOLEY, KATHERINE M<br/>1131 OBISPO AVENUE<br/>CORAL GABLES, FL 33134</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 an other like empowered. |  |   |   |
| SIGNATURE:   |  | Date <b>6/12/2008</b> Daytime Phone # <b>305 704 7518</b>   |   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |   |

ATTACHMENT.

40108612

# PD360006128 5/27/2008

Dear Florida Department of State

Between the months of Feb-April 2008, I attempted on no less than three occasions to file the annual report for Market Analytics Group at the Sunbiz website. Each time the site went into a long pause and it was unclear whether it accepted my payment or not. I believe your site was experiencing technical difficulties. After attempting many times, I set it aside with a note to contact you. Because it was set aside it did not get processed, I just now came across the notice and realized that now because your site would not accept my filing when I attempted to make it in a timely fashion, I am now being charged late penalties.

Please waive my late penalties in light of your site's technical problems.

Thank you,  
Katherine M Cooley  
President, Market Analytics Group

A handwritten signature in black ink, appearing to read 'KMC', with a long, sweeping horizontal stroke extending to the right.