


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90113 046 \*\*\*150.00

<b>DOCUMENT # P03000075783</b> 1. Entity Name <b>TACTICO MARKETING SOLUTIONS, INC.</b>					
Principal Place of Business <b>4761 BAYVIEW DRIVE FORT LAUDERDALE, FL 33308</b>			Mailing Address <b>4761 BAYVIEW DRIVE FORT LAUDERDALE, FL 33308</b>		
2. Principal Place of Business <b>2929 E Commercial Blvd</b>		3. Mailing Address 			
Suite, Apt. #, etc. <b>Suite 606</b>		Suite, Apt. #, etc. 			
City & State <b>Fort Lauderdale FL</b>		City & State 			
Zip <b>33308</b>	Country <b>USA</b>	Zip 	Country 		4. FEI Number <b>55-0839479</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					Applied For Not Applicable
6. Name and Address of Current Registered Agent <b>LARRY J BEHAR PA 888 SE THIRD AVENUE SUITE 400 FORT LAUDERDALE, FL 33316</b>			7. Name and Address of New Registered Agent 		
Name 			Street Address (P.O. Box Number is Not Acceptable) 		
City 			State <b>FL</b>		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 _____ DATE _____ <small>(Signature typed or printed name of registered agent and title (applicable). (NOTE: Registered Agent signature required when installing))</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>OSBUN, ROBERT 4761 BAYVIEW DRIVE FORT LAUDERDALE, FL 33308</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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)(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 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE: Robert Osburn President</b>			<b>6/30/04 954-295-5292</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		