

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000143144

FILED
Jan 23, 2008
Secretary of State

Entity Name: STAY IN TOUCH MARKETING, INC.

Current Principal Place of Business:

1776 MANGO AVE
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

1776 MANGO AVE
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 11-3709019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, DAVID
1776 MANGO AVE
SARASOTA, FL 34234 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NELSON, DAVID
Address: 3327 VILLAGE GREEN DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: VPD () Delete
Name: NELSON, BARBARA
Address: 3327 VILLAGE GREEN DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: SD () Delete
Name: SULLIVAN, KEVIN
Address: 4076 KING RICHARD DRIVE
City-St-Zip: SARASOTA, FL 34232

Title: TD () Delete
Name: SULLIVAN, CHRISTINE
Address: 4076 KING RICHARD DRIVE
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID NELSON

PD

01/23/2008

Electronic Signature of Signing Officer or Director

Date