


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 10, 2004 8:00 am
Secretary of State

08-10-2004 90001 041 ***150.00

DOCUMENT # P03000146120	
1. Entity Name RESEARCH MARKETING GROUP, INC.	

Principal Place of Business 628 RENAISSANCE POINTE #304 ALTAMONTE SPRINGS, FL 32714	Mailing Address 628 RENAISSANCE POINTE #304 ALTAMONTE SPRINGS, FL 32714
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2. Principal Place of Business 2957 W. State Road 434 Suite 400 Longwood, FL 32779 USA	3. Mailing Address 2957 W. State Road 434 Suite 400 Longwood, FL 32779 USA
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54067610

08052004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0455504	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ASSENT, MERLIN 628 RENAISSANCE POINTE #304 ALTAMONTE SPRINGS, FL 32714	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2957 W. State Road 434, Suite 400 Longwood FL 32779	
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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 *Merlin Assent* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ASSENT, MERLIN 628 RENAISSANCE POINTE #304 ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2957 W. State Road 434, Suite 400 Longwood, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ASSENT, ADRIAN 628 RENAISSANCE POINTE #304 ALTAMONTE SPRINGS, FL 32714 <input checked="" 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	VSD WRIGHT, PETE 628 RENAISSANCE POINTE #304 ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2957 W. State Road 434, Suite 400 Longwood, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ASSENT, BRIAN 628 RENAISSANCE POINTE #304 ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2957 W. State Road 434, Suite 400 Longwood, FL 32779
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joshua M. Autenrieth 2957 W. State Road 434, Suite 400 Longwood, FL 32779
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

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.

SIGNATURE: *Merlin Assent* **8-5-04**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Merlin Assent, President

Date Daytime Phone #