

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000090370

Entity Name: SNOD MARKETING INC.

FILED
Mar 11, 2008
Secretary of State

Current Principal Place of Business:

200 INTERNATIONAL DR.
APT.#918
CAPE CANAVERAL, FL 32920 US

Current Mailing Address:

717 EAST OAK STREET
KISSIMMEE, FL 34744 US

New Principal Place of Business:

200 INTERNATIONAL DR.
#918
CAPE CANAVERAL, FL 32920 US

New Mailing Address:

FEI Number: 83-0399305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNODGRASS, NANCY
200 INTERNATIONAL DR.
APT.#918
CAPE CANAVERAL, FL 32920 US

Name and Address of New Registered Agent:

SNODGRASS, NANCY
200 INTERNATIONAL DR.
#918
CAPE CANAVERAL, FL 32920 US

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:

03/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: SNODGRASS, NANCY
Address: 200 INTERNATIONAL DR. APT.#918
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: VD () Delete
Name: SNODGRASS, GARY
Address: 200 INTERNATIONAL DR. APT.#918
City-St-Zip: CAPE CANAVERAL, FL 32920 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: SNODGRASS, NANCY
Address: 200 INTERNATIONAL DR. #918
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: VD (X) Change () Addition
Name: SNODGRASS, GARY
Address: 200 INTERNATIONAL DR. #918
City-St-Zip: CAPE CANAVERAL, FL 32920 US

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: NANCY SNODGRASS

PRES

03/11/2008

Electronic Signature of Signing Officer or Director

Date