## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P04000166122

Entity Name

DATÁMAX MARKETING SYSTEMS, INC.



FILED Apr 26, 2007 08:00 AM Secretary of State

CR2E034 (11/05)

Principal Place of Business

11000 METRO PARKWAY

SUITE 22 FORT MYERS, FL 33912

SPIEGEL & UTRERA, P.A.

1840 SW 22ND ST. 4TH FLOOR

MIAMI, FL 33145

Mailing Address

11000 METRO PARKWAY SUITE 22 FORT MYERS, FL 33912



DO NOT WRITE IN THIS SPACE 04252007

. FEI Numb	El Number	Applied For
52-2446726		Not Applicabl

5. Certificate of Status Desired 

\$8.75 Additional Fee Required

No Chq-P

6. Name and Address of Current Registered Agent

## DO NOT WRITE IN THIS SPACE

,						
	named entity submits this statement for the pions of registered agent.	purpose of changing its regist	tered office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Regis:	stered Agent signature	e required when reinstalling)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Fir Trust Fund Contributio	~	\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MCMAHON, ROBERT 11000 METRO PARKWAY #2 FORT MYERS, FL 33912					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD GRESHAM, GLENN H 11000 METRO PARKWAY #2 FORT MYERS, FL 33912					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME						

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 preciven 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 attagrment with appears, with all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07 (239)274-7990 Depture Phone #

U00000732270

05/09/07-80039-008 150.00