## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000007588

Entity Name: SALES & MARKETING INSTITUTE, INC.

FILED Jul 11, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

3906 FLOYD RD 10336 CARROLLWOOD LANE TAMPA, FL 33618

103

TAMPA, FL 33618

**Current Mailing Address: New Mailing Address:** 

3906 FLOYD RD 10336 CARROLLWOOD LANE

TAMPA, FL 33618 103 TAMPA, FL 33618

FEI Number: 20-2383442 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of New Registered Agent: Name and Address of Current Registered Agent:

MILTON, SAM MILTON, SAM 3906 FLÓYD RD 10336 CARROLLWOOD LANE TAMPA, FL 33618 US 103

TAMPA, FL 33618 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: SAM MILTON 07/11/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

3906 FLOYD RD

TAMPA, FL 33618

Name: Address:

City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

MILTON, SAM MILTON, SAM Name: Name:

3906 FLOYD RD 10336 CARROLLWOOD LANE, #103 Address: Address:

TAMPA, FL 33618 US City-St-Zip: TAMPA, FL 33618 US City-St-Zip:

VΡ Title: VΡ Title: () Delete (X) Change ( ) Addition Name: MILTON, MYRLIE Name: MILTON, MYRLIE

3906 FLOYD RD 10336 CARROLLWOOD LANE, #103 Address: Address:

TAMPA, FL 33618 TAMPA, FL 33618 City-St-Zip: City-St-Zip:

( ) Delete Title: (X) Change ( ) Addition Title: MILTON, S. JOSHUA MILTON, S. JOSHUA Name: Name:

3906 FLOYD RD 10336 CARROLLWOOD LANE, #103 Address: Address:

City-St-Zip: TAMPA, FL 33618 City-St-Zip: TAMPA, FL 33618

Title: ( ) Delete Title: () Change () Addition PEREZ, KATHY

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.

VΡ SIGNATURE: MYRLIE MILTON 07/11/2008