

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90099 039 ***158.75

DOCUMENT # P05000021178 1. Entity Name PUBLISHERS MARKETING SERVICE, INC.					
Principal Place of Business 5960 32ND STREET NORTH ST. PETERSBURG, FL 33714			Mailing Address 5960 32ND STREET NORTH ST. PETERSBURG, FL 33714		
2. Principal Place of Business 4940 72ND AVE Suite, Apt. #, etc. 100		3. Mailing Address 4940 72ND AVE Suite, Apt. #, etc. 100			
City & State PINELLAS PARK, FL		City & State PINELLAS PARK, FL		02152006 Chg-P CR2E034 (11/05)	
Zip Country 33781 USA		Zip Country 33781 USA		4. FEI Number Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent GOLDSTEIN, LARRY D 7601 38TH AVENUE NORTH ST. PETERSBURG, FL 33710	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADAMS, SHANE R <input type="checkbox"/> Delete 12100 PARK BLVD, #1503 SEMINOLE, FL 33772		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOEL MISTRETTA 5818 21 ST AVES GULFPORT, FL 33707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete O'DONNELL, ERRAN 5960 32ND STREET NORTH ST. PETERSBURG, FL 33714		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOEL MISTRETTA 5818 21 ST AVES GULFPORT, FL 33707	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete O'DONNELL, ERRAN 5960 32ND STREET NORTH ST. PETERSBURG, FL 33714		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete ADAMS, SHANE R 12100 PARK BLVD, #1503 SEMINOLE, FL 33772		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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 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 recorder 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: <u>Shane R. Adams</u> Date: <u>4/4/06</u> Daytime Phone #: <u>1-866-221-7442</u>					