

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000021178

FILED
Mar 26, 2009
Secretary of State

Entity Name: PUBLISHERS MARKETING SERVICE, INC.

Current Principal Place of Business:

4940 72ND AVE
100
PINELLAS PARK, FL 33781

New Principal Place of Business:

8800 49TH ST N
412
PINELLAS PARK, FL 33782

Current Mailing Address:

4940 72ND AVE
100
PINELLAS PARK, FL 33781

New Mailing Address:

PO BOX 660
PINELLAS PARK, FL 33781

FEI Number: 20-2267217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GOLDSTEIN, LARRY D
7601 38TH AVENUE NORTH
ST. PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: O'DONNELL, ERRAN
Address: 729 BARBARA ST
City-St-Zip: PALM HARBOR, FL 34684

Title: VST () Delete
Name: MISTRETTO, JOEL
Address: 5818 21ST AVE S
City-St-Zip: GULFPORT, FL 33707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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.

SIGNATURE: JOEL MISTRETTO

VST

03/26/2009

Electronic Signature of Signing Officer or Director

_____ Date