

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

8/28/2006-90006-017-\$550.00-\$550.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE CR2E034 (4/06)

DOCUMENT # P05000031681					
1. Entity Name CORPORATE MARKETING GROUP, INC.					
Principal Place of Business P.O. BOX 110 18455 MIRAMAR PARKWAY MIRAMAR FL 33029 US			Mailing Address P.O. BOX 110 18455 MIRAMAR PARKWAY MIRAMAR FL 33029 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2446757	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HANCOCK, DAVID J 3221 SW 186 TERRACE MIRAMAR FL 33029				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 re-registering)</small>					
FILE NOW!!! FEE: \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State			S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>		
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> Delete			
NAME	HANCOCK, DAVID J				
STREET ADDRESS	P.O. BOX 110, 18455 MIRAMAR PARKWAY				
CITY - ST - ZIP	MIRAMAR FL 33029				
TITLE	TREA	<input type="checkbox"/> Delete			
NAME	HANCOCK, DAVID J				
STREET ADDRESS	P.O. BOX 110, 18455 MIRAMAR PARKWAY				
CITY - ST - ZIP	MIRAMAR FL 33029				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	HANCOCK, MARGHERITA				
STREET ADDRESS	P.O. BOX 110, 18455 MIRAMAR PARKWAY				
CITY - ST - ZIP	MIRAMAR FL 33029				
TITLE	SECR	<input type="checkbox"/> Delete			
NAME	HANCOCK, MARGHERITA				
STREET ADDRESS	P.O. BOX 110, 18455 MIRAMAR PARKWAY				
CITY - ST - ZIP	MIRAMAR FL 33029				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
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 receiver 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>DAVID HANCOCK</u> 8/21/06 954-433-0902					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

K. Eckel SEP 26 2006