

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000031681

1. Entity Name
CORPORATE MARKETING GROUP, INC.



Principal Place of Business Mailing Address
P.O. BOX 110 P.O. BOX 110
18455 MIRAMAR PARKWAY 18455 MIRAMAR PARKWAY
MIRAMAR FL 33029 MIRAMAR FL 33029
US US



2nd MOORE CR2E034 (4/07)

2. Principal Place of Business - No P.O. Box # 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 **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANCOCK, DAVID J
3221 SW 186 TERRACE
MIRAMAR FL 33029

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

FILE NOW!!! FEE IS \$550.00
DUE BY September 5, 2007
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.

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	U000000773008	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	08/29/07-80003-022 550.00	
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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/07 **954-322-1242**
 Date Daytime Phone #