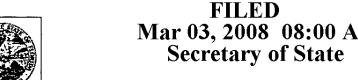
2008 FOR PROFIT CORPORATION

ANNUAL REPORT (AR) DOCUMENT # P05000031681



CORPORATE MARKETING GROUP, INC.					Secretary of State			
Principal Place of Business		Mailing Address						
P.O. BOX 110 18455 MIRAMAR PARKWAY MIRAMAR FL 33029 US		P.O. BOX 110 18455 MIRAMAR PARKWAY MIRAMAR FL 33029 US						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/07)			
City & State		City & State		4. FEI Number 20-2446757 Applied For Not Applicable				
Zip	Country	Z:p) Counti		5. Certificat	5. Certificate of Status Desired \$8.75 Additional Fee Required		
6. Na	me and Address of Current	Registered Agent	stered Agent		7. Name and Address of New Registered Agent			
HANCOCK, DAVID J				Name				
3221 SW 186 TERRACE MIRAMAR FL 33029				Street Address	address (P.O. Box Number is Not Acceptable)			
				City Zip Code				
	City	Tip 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								
Signature Typed or primited vanes of registered agent and the Tampicades. (NOTE Registered Agent					in when reinstating)	DAT	Ę	
After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Fina Trust Fund Contribution	<u>*</u> +-	.00 May Be led to Fees
10. ·	OFFICERS AND DIRECTORS 1		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
						U00000846294 03/18/08-80023-	□ Change .004 150.	☐ Addition
TITLE TREA NAME HANCO STREET ADDRESS P.O. BO	TREA De-ete T HANCOCK, DAVID J N					, <u></u>	☐ Change	Addition
STREET ADDRESS P.O. BO	HANCOCK, MARGHERITA P.O. BOX 110, 18455 MIRAMAR PARKWAY			l			☐ Change	Addition
STREET ADDRESS P.O. BO	CK, MARGHERITA X 110, 18455 MIRAMAR F IR FL 33029	Delete					Change	Addition

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 efficer 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 his other like employered.

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PR MED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Deiete

Change

Change

Addition

Addition