
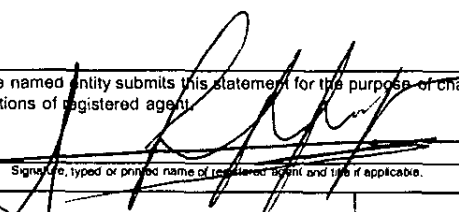


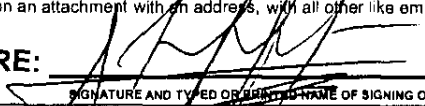


# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P05000085068</b>					
<b>1. Entity Name</b> MARKETING ASSISTANCE, INC.					
<b>Principal Place of Business</b> 6264 DOWDY COURT ORLANDO, FL 32819 US			<b>Mailing Address</b> 6264 DOWDY COURT ORLANDO, FL 32819 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 20-2998886	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CIBOTTI, ANDRES 6264 DOWDY COURT ORLANDO, FL 32819			<b>7. Name and Address of New Registered Agent</b> Name: <u>CIBOTTI, JULIO ANDRES</u> Street Address (P.O. Box Number is Not Acceptable): <u>6264 DOWDY CT</u> City: <u>ORLANDO</u> FL Zip Code: <u>32819</u>		
<b>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.</b>					
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 28, 2012</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CIBOTTI, ANDRES 6264 DOWDY COURT ORLANDO, FL 32819 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CIBOTTI, JULIO ANDRES 6264 DOWDY CT ORLANDO FL 32819 <input checked="" 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	800235735898 05/31/12--01004--026 ***150.00 <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	
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	
<b>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.</b>					
<b>SIGNATURE:</b> 			DATE: <u>May 17/2012</u> E-MAIL ADDRESS: <u>andres012@aol.com</u>		

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05032012 Chg-P CR2E034 (12/11)

MAY 31 2012