

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000087424

Entity Name: MCF MARKETING, INC.

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

6228 AVENTURA DRIVE  
SARASOTA, FL 33241

## New Principal Place of Business:

5405 ASHTON MANOR DRIVE  
SARASOTA, FL 34233

## Current Mailing Address:

6228 AVENTURA DRIVE  
SARASOTA, FL 33241

## New Mailing Address:

5405 ASHTON MANOR DRIVE  
SARASOTA, FL 34233

FEI Number: 25-1919554

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OLIVIER, KARI  
6228 AVENTURA DRIVE  
SARASOTA, FL 34241 US

## Name and Address of New Registered Agent:

OLIVIER, KARI  
5405 ASHTON MANOR DRIVE  
SARASOTA, FL 34233 US

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: KARI OLIVIER

04/21/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTS ( ) Delete  
Name: OLIVIER, KARI  
Address: 6228 AVENTURA DRIVE  
City-St-Zip: SARASOTA, FL 34241

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change ( ) Addition  
Name: OLIVIER, KARI  
Address: 5405 ASHTON MANOR DRIVE  
City-St-Zip: SARASOTA, FL 34233

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: KARI OLIVIER

P

04/21/2009

Electronic Signature of Signing Officer or Director

Date