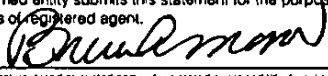
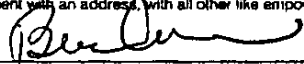


FILED
Jun 21, 2007 8:00 am
Secretary of State

05-21-2007 90048 016 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000095365 1. Entity Name PULSE POSITIONING, INC.		
Principal Place of Business 10 VENETIAN WAY #1103 MIAMI BCH, FL 33139		Mailing Address 10 VENETIAN WAY #1103 MIAMI BCH, FL 33139
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent LESMAN, BRUCE 10 VENETIAN WAY #1103 MIAMI BCH, FL 33139		66019548  04122007 No Chg-P CR2E034 (11/05) 4. FEI Number 20-2997940 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
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 <u>4/30/07</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be: \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LESMAN, BRUCE 10 VENETIAN WAY #1103 MIAMI BCH, FL 33139	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
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:  DATE <u>6/13/07</u> DAYTIME PHONE # <u>305-535-9601</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

ATTACHMENT

66019548
P05600095365

PULSEPOSITIONING.COM

Place Flowers in front of style,
I'm sorry but didn't receive a postcard
or meter to pay the annual fee until
my accountant advised me.

Thank you for your
immediate response.
Bucklesman

10 VENETIAN WAY SUITE 1103 MIAMI BEACH, FL 33139 305 535 9601 TEL 866 840 9994 FAX

> RESEARCH
> STRATEGY
> CREATIVE