
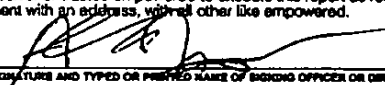


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 20, 2006 8:00 am
Secretary of State

05-08-2006 90291 010 ***150.00

DOCUMENT # P05000104096					
1. Entity Name CYCLE MARKETING, INC.					
Principal Place of Business 807 CAROL AVENUE NEW SMYRNA BEACH, FL 32169			Mailing Address 807 CAROL AVENUE NEW SMYRNA BEACH, FL 32169		
2. Principal Place of Business 3588 Maribella Drive		3. Mailing Address 3588 Maribella Drive		02092006 Chg-P CR2E034 (11/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State New Smyrna Beach		City & State New Smyrna Beach		4. FEI Number 20-3194596	
Zip 32168		Country USA		Applied For Not Applicable	
Zip 32168		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHN S NORTON, JR., P.A. 431 NORTH GRANDVIEW AVENUE DAYTONA BEACH, FL 32118			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, RANDALL ALAN		NAME	Johnson, Randall Alan	
STREET ADDRESS	807 CAROL AVENUE		STREET ADDRESS	3588 Maribella Drive	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, STEPHANIE		NAME	Davis, Stephanie	
STREET ADDRESS	807 CANAL AVENUE		STREET ADDRESS	3588 Maribella Drive	
CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169		CITY-ST-ZIP	New Smyrna Beach, FL 32168	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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, without other like empowered.					
SIGNATURE 			X 3/15/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		

66019849

