

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/21

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90074 015 \*\*\*150.00

<b>DOCUMENT # P05000107096</b>																																																																																																																																			
<b>1. Entity Name</b> MADEIRA BEACH MARKETING & PUBLISHING COMPANY INC.																																																																																																																																			
<b>Principal Place of Business</b> 551 JOHN'S PASS AVENUE MADEIRA BEACH, FL 33708 US			<b>Mailing Address</b> 551 JOHN'S PASS AVENUE MADEIRA BEACH, FL 33708 US																																																																																																																																
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
<b>City &amp; State</b>		<b>City &amp; State</b>																																																																																																																																	
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>	03212007    Chg-P    CR2E034 (12/06)																																																																																																																															
<b>4. FEI Number</b> APPLIED FOR 205440119				<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																																																																																																																															
<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>  SMITH, WALTER E 757 ARLINGTON AVENUE NORTH SAINT PETERSBURG, FL 33701			<b>7. Name and Address of New Registered Agent</b>  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____  City _____ <b>FL</b> Zip Code _____																																																																																																																																
<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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relinquishing)</small>																																																																																																																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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<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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																																			
Date _____ Daytime Phone # _____																																																																																																																																			

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