
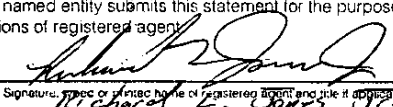


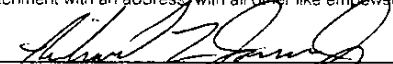
**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

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

05-16-2007 90016 023 \*\*\*150.00

DOCUMENT # P06000069000			
1. Entity Name RLJ MARKETING INC.			
Principal Place of Business 141 AVENUE WINTER HAVEN, FL 33880 US		Mailing Address 141 AVENUE WINTER HAVEN, FL 33880 US	
2. Principal Place of Business - No P.O. Box # 1702 SIMS PLACE Suite, Apt. #, etc.		3. Mailing Address 1702 SIMS PLACE Suite, Apt. #, etc.	
City & State LAKELAND FL		City & State LAKELAND FL	
Zip 33803		Country USA	
4. FEI Number 20-4948442		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, RICHARD L JR. 141 AVENUE WINTER HAVEN, FL 33880		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) 1702 SIMS PLACE City LAKELAND FL Zip Code 33803	
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  Signature, name or printed name of registered agent and title if applicable. Richard L. Jones Jr.		DATE 4/30/07 (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE DPS <input type="checkbox"/> Delete	NAME JONES, RICHARD L JR.	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 1702 SIMS PLACE
STREET ADDRESS 141 AVENUE	CITY-ST-ZIP WINTER HAVEN, FL 33880	STREET ADDRESS 1702 SIMS PLACE	CITY-ST-ZIP LAKELAND FL 33803
TITLE DVPT <input type="checkbox"/> Delete	NAME JONES, LORI ANN	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME 1702 SIMS PLACE
STREET ADDRESS 141 AVENUE	CITY-ST-ZIP WINTER HAVEN, FL 33880	STREET ADDRESS 1702 SIMS PLACE	CITY-ST-ZIP LAKELAND FL 33803
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	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, with all other like employment.

SIGNATURE:  DATE: 4/30/07  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Richard L. Jones Jr.  
 Daytime Phone: (863) 292-0855