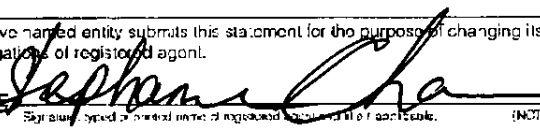


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 29, 2007 8:00 am
Secretary of State

05-29-2007 90044 027 ***150.00

DOCUMENT # P06000103074					
1. Entity Name MAVEN MARKETING, INC.					
Principal Place of Business 6555 NW 9TH AVE SUITE 201 FORT LAUDERDALE FL 33309 US			Mailing Address 6555 NW 9TH AVE SUITE 201 FORT LAUDERDALE FL 33309 US		
2. Principal Place of Business - No P.O. Box # 4051 SW 47th Ave #101			3. Mailing Address 4051 SW 47th Ave		
Suite, Apt., #, etc. 101			Suite, Apt., #, etc. #101		
City & State DAVIE FL			City & State DAVIE FL		
Zip 33314			Zip 33314		
Country			Country		
4. FEI Number 20-5346047			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			Additional Fee Required \$8.75		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CHAN, STEPHANIE 6555 NW 9TH AVE SUITE 201 FORT LAUDERDALE FL 33309			Name Stephanie Chan Street Address (P.O. Box Number is Not Acceptable) 4051 SW 47th Ave #101 City DAVIE FL Zip 33314		
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  (NOTE: Registered Agent's signature is required when resigning.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P CHAN, STEPHANIE 6555 NW 9TH AVE SUITE 201 FORT LAUDERDALE FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	Stephanie Chan Pres. 4051 SW 47th Ave #101 DAVIE FL 33314	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 19, 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 a power of attorney.					
SIGNATURE: 			5-1-07 951 5871614		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: No Phone #		