
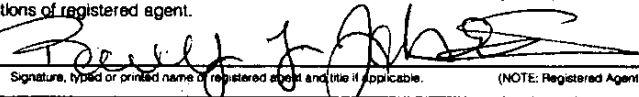
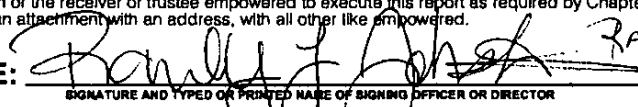


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90053 040 ***158.75

DOCUMENT # P06000111982 1. Entity Name INDUSTRY HEIGHTS MARKETING GROUP INC.					
Principal Place of Business 7525 FOX HOLLOW DRIVE PORT RICHEY, FL 34668			Mailing Address 8011 PAPERBARK LANE PORT RICHEY, FL 34668		
2. Principal Place of Business - No P.O. Box # 6701 OSTEEN RD		3. Mailing Address SAME			
Suite, Apt. #, etc. N.P.R.		Suite, Apt. #, etc.			
City & State FL		City & State		4. FEI Number RE 20-5484084	
Zip 34653		Country PASCO		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALISE, WILLIAM A III 8011 PAPERBARK LANE PORT RICHEY, FL 34668				7. Name and Address of New Registered Agent Name: RANDY JOHNSTON Street Address (P.O. Box Number is Not Acceptable): 6701 OSTEEN ROAD APT 17 City: N.P.R. FL Zip Code: 34653	
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: 4/9/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>					
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: P NAME: JOHNSTON, RANDY STREET ADDRESS: 7525 FOX HOLLOW DRIVE CITY-ST-ZIP: PORT RICHEY, FL 34668	<input type="checkbox"/> Delete		TITLE: P NAME: JOHNSTON, RANDY STREET ADDRESS: 6701 OSTEEN RD APT 17 CITY-ST-ZIP: N.P.R. FL 34653	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP NAME: CALISE, WILLIAM A JR STREET ADDRESS: 8011 PAPERBARK LANE CITY-ST-ZIP: PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete		TITLE: VP NAME: JOHNSTON, RANDY STREET ADDRESS: 6701 OSTEEN RD CITY-ST-ZIP: N.P.R. FL 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: S/T NAME: CALISE, WILLIAM A III STREET ADDRESS: 8011 PAPERBARK LANE CITY-ST-ZIP: PORT RICHEY, FL 34668	<input checked="" type="checkbox"/> Delete		TITLE: S/T NAME: JOHNSON, RANDY STREET ADDRESS: 6701 OSTEEN RD CITY-ST-ZIP: N.P.R. FL 34653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 4/9/07 727-243-8321		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		