2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000030446

City-St-Zip:

Entity Name: HOTLINE MARKETING CORPORATION

FILED Feb 22, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 14820 RUE DE BAYONNE 2655 ULMERTON RD SUITE 401 SUITE 279 CLEARWATER, FL 33762 CLEARWATER, FL 33762 **Current Mailing Address: New Mailing Address:** 14820 RUE DE BAYONNE 2655 ULMERTON RD SUITE 401 SUITE 279 CLEARWATER, FL 33762 CLEARWATER, FL 33762 FEI Number: 83-0477500 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ALDER, MARK 7451 SPRING VILLAS CIRCLE ORLANDO, FL 32189 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition SIMPSON, DAVID L Name: Name: 14820 RUE DE BAYONNE SUITE 401 Address: Address: City-St-Zip: CLEARWATER, FL 33762 City-St-Zip: Title: Title: () Delete (X) Change () Addition SIMPSON, DAVID L SIMPSON, JACKIE L Name: Name: 14820 RUE DE BAYONNE SUITE 401 14820 RUE DE BAYONNE SUITE 401 Address: Address: CLEARWATER, FL 33762 CLEARWATER, FL 33762 City-St-Zip: City-St-Zip: Title: Title: () Change (X) Addition () Delete Name: RAMON, CENDANA S Name: 106 S. SEMORAN BLVD. Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

ORLANDO, FL 32807

SIGNATURE: DAVID L SIMPSON PRES 02/22/2008