

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State

02-07-2008 90011 031 ***158.75

DOCUMENT # P07000032815

1. Entity Name
SIX DEGREES MARKETING INSIGHTS AND CREATIVE INC.



Principal Place of Business
**423 SOUTH KELLER ROAD
SUITE #6
ORLANDO, FL 32810**

Mailing Address
**423 SOUTH KELLER ROAD
SUITE #6
ORLANDO, FL 32810**

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2. Principal Place of Business - No P.O. Box #
**429 S. KELLER ROAD
Suite, Apt. #, etc.
SUITE # 330**

3. Mailing Address
**429 S. KELLER ROAD
Suite, Apt. #, etc.
SUITE # 330**

02052008 Chg-P CR2E034 (12/06)

City & State
ORLANDO, FL
Zip
32810 Country
USA

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ORLANDO, FL
Zip
32810 Country
USA

4. FEI Number
20-8733A18 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCOTT, RACHAEL
625 W. KING STREET
ORLANDO, FL 32804**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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]* (NOTE: Registered Agent signature required when reinstating) DATE **2/4/08**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
YOUNG, MICHAEL
10109 SWEETLEAF STREET
ORLANDO, FL 32827** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DIR
SCOTT, RACHAEL
625 W. KING STREET
ORLANDO, FL 32804** ☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*