2008 FOR PROFIT CORPORATION ANNUAL REPORT

Sep 04, 2008 8:00 am Secretary of State **DOCUMENT # P07000053298** 09-04-2008 90045 019 ***150.00 1. Entity Name CP3 MARKETING AND CONSULTING INC. **40110104** Principal Place of Business Mailing Address 8097 NW 1287H LANE 8097 NW 1287H LANE PARKLAND, FL 33076, PARKLAND, FL 33076 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 8080 NW 126Th Ten 8080 NW 12646 Suite, Apt. #, etc. 09022008 CR2E034 (12/06) APILLAN 4. FEI Number Applied For 8 & State MK (av) 75-32*41587* Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PENNINGTON, BRYAN 8080 NW 126 th Timace Amalund, FC 33076 Street Address (P.O. Box Number is Not Acceptable) 8097 NW 1287H LANE PARKLAND, FL 33076 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, typed or printed-(NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Due by September 12, 2008 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. P/D IIILE ☐ Delete TITLE ☐ Change Addition NAME PENNINGTON, BRYAN NAME 8000 NWM6 K. Ten. 8097 NW 1287H LANE STREET ADDRESS STREET ADORESS CITY-ST-ZIP PARKLAND, FL 33076 PALLAND FL33076 CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP IIILE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empowered. SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED