
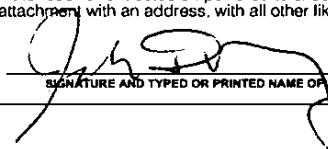


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P07000056137</b> 1. Entity Name <b>MERKLEY MARKETING GROUP INC.</b>						<div style="font-size: 2em; font-weight: bold; opacity: 0.5;">FILED</div> <div style="font-size: 1.2em;">08 SEP 15 PM 12:29</div> <div style="font-size: 0.8em;">CLERK OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>368 LOLLY LN. ST. JOHN'S, FL 32259</b>				Mailing Address <b>368 LOLLY LN. ST. JOHN'S, FL 32259</b>			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip      Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country			
4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">56-2662466</div>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<div style="text-align: right;"> <b>\$8.75</b> Additional Fee Required         </div>			
6. Name and Address of Current Registered Agent  <b>MERKLEY, JOSEPH D 368 LOLLY LN. ST. JOHN'S, FL 32259</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____							
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete <b>MERKLEY, JOSEPH D</b> <b>368 LOLLY LN.</b> <b>ST. JOHN'S, FL 32259</b>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.2em; font-family: monospace;">100136106871</div> <div style="font-size: 0.8em;">09/18/08--01049--010    **150.00</div>		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
TITLE	VP	<input type="checkbox"/> Delete <b>MERKLEY, MARIE E</b> <b>368 LOLLY LN.</b> <b>ST. JOHN'S, FL 32259</b>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY - ST - ZIP			CITY - ST - ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**  Joseph D. Merkle 9-11-08 904-254-7010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date
Daytime Phone #

9/1/08  
aw