
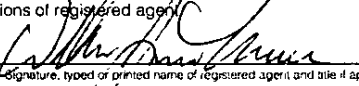
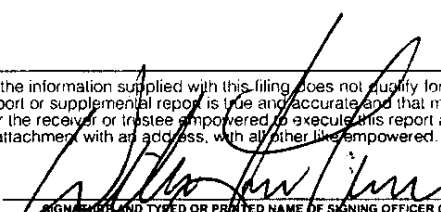


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 23, 2008 8:00 am**  
**Secretary of State**

05-23-2008 90020 038 \*\*\*150.00

<b>DOCUMENT # P07000078085</b>					
<b>1. Entity Name</b> BILTMORE MARKETING, INC					
<b>Principal Place of Business</b> 10253 BANNISTER STREET SPRING HILL, FL 34608 US			<b>Mailing Address</b> 10253 BANNISTER STREET SPRING HILL, FL 34608 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 7441 Dundee Ct		<b>3. Mailing Address</b> 7441 Dundee Ct			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Brooksville FL		<b>City &amp; State</b> Brooksville FL		<b>4. FEI Number</b> 26-0497985	
<b>Zip</b> 34613		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> MENECH, WILLIAM J 10253 BANNISTER STREET SPRING HILL, FL 34608			<b>7. Name and Address of New Registered Agent</b> Name: William Menech Street Address (P.O. Box Number is Not Acceptable): 7441 Dundee Ct City: Brooksville FL Zip Code: 34613		
<b>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.</b> SIGNATURE:  DATE: _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P.S. MENECH, WILLIAM J 10253 BANNISTER STREET SPRING HILL, FL 34608		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P.S. William Menech 7441 Dundee Ct Brooksville FL 34613	
Delete <input type="checkbox"/>			Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
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<b>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.</b>					
<b>SIGNATURE:</b> 			Date: April 30, 2008		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		