2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000036756

Entity Name: STRATEGIC ALLIANCE MARKETING, INC.

FILED Feb 15, 2012 Secretary of State

SUITE 111 ORANGE PARK, FL 32003 Current Mailing Address: New Mailing Address: Nounce of Status Desired of Status Desired Name and Address of Current Registered Agent: Name and Address of New Registered Agent:	Current Principal Place	of Business:	New Principal Place	of Business:	
5000 - 18 HIGHWAY 17 SUITE 111 ORANGE PARK, FL 32003 FEI Number: 35-2336689 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: SIMONIC, NICHOLAS T 8750 PERIMETER PARK BOULEVARD	5000 - 18 HIGHWAY 17 SUITE 111 ORANGE PARK, FL 320	003	·		
SUITE 111 ORANGE PARK, FL 32003 FEI Number: 35-2336689 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: SIMONIC, NICHOLAS T 8750 PERIMETER PARK BOULEVARD JACKSONVILLE, FL 32216 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, o in the State of Florida.	Current Mailing Address:		New Mailing Address:		
Name and Address of Current Registered Agent: SIMONIC, NICHOLAS T 8750 PERIMETER PARK BOULEVARD JACKSONVILLE, FL 32216 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, o in the State of Florida.	SUITE 111	003			
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8750 PERIMETER PARK BOULEVARD JACKSONVILLE, FL 32216 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, o in the State of Florida.	Name and Address of C	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
in the State of Florida.	8750 PERIMETER PARK				
SIGNATURE:		submits this statement for the p	urpose of changing its registered	d office or registered agent, or both	
	SIGNATURE:				
Electronic Signature of Registered Agent Date	Electror	nic Signature of Registered Age	ent	Date	

OFFICERS AND DIRECTORS:

Title:

Name: VINSON, SAMUEL R

Address: 5000-18 HWWY 17 SUITE 111 City-St-Zip: FLEMING ISLAND, FL 32003

I hereby 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 all other like empowered.

SIGNATURE: SAMUEL R VINSON P 02/15/2012