

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000104522

FILED
Jul 23, 2009
Secretary of State**Entity Name:** MARKETING PLEASURES, INC.**Current Principal Place of Business:**1707 ORLANDO CENTRAL PKWY
SUITE 410
ORLANDO, FL 32809 US**New Principal Place of Business:****Current Mailing Address:**1707 ORLANDO CENTRAL PKWY
SUITE 410
ORLANDO, FL 32809 US**New Mailing Address:****FEI Number:** 26-3777822**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GONZALEZ, JOBA
424 E CENTRAL BLVD
SUITE 245
ORLANDO, FL 32801 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date**OFFICERS AND DIRECTORS:****Title:** PRES () Delete
Name: GONZALEZ, JOBA
Address: 424 E CENTRAL BLVD, SUITE 245
City-St-Zip: ORLANDO, FL 32801 US**Title:** VP () Delete
Name: BORJA, DAISY
Address: 424 E CENTRAL BLVD, SUITE 245
City-St-Zip: ORLANDO, FL 32801 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** VP (X) Change () Addition
Name: CRESPO, DEBRA
Address: 424 E CENTRAL BLVD, SUITE 245
City-St-Zip: ORLANDO, FL 32801 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOBA GONZALEZ

PRES

07/23/2009

Electronic Signature of Signing Officer or Director_____
Date