

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P08000108769

FILED
Jul 23, 2009
Secretary of State**Entity Name:** BOOST MARKETING SOLUTIONS INC.**Current Principal Place of Business:**2116 ELMCREST PL.
OVIEDO, FL 32765**New Principal Place of Business:****Current Mailing Address:**2116 ELMCREST PL.
OVIEDO, FL 32765**New Mailing Address:****FEI Number:** 26-3782105**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FOSTER, CHRISTOPHER J
2116 ELMCREST PL.
OVIEDO, FL 32765 US**Name and Address of New Registered Agent:**FOSTER, JOAN M
2116 ELMCREST PL.
OVIEDO, FL 32765 US

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: JOAN M FOSTER

07/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FOSTER, CHRISTOPHER J
Address: 2116 ELMCREST PL.
City-St-Zip: OVIEDO, FL 32765

Title: VP () Delete
Name: FOSTER, KEITH J
Address: 2116 ELMCREST PL.
City-St-Zip: OVIEDO, FL 32765

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FOSTER, KEITH J
Address: 2116 ELMCREST PL.
City-St-Zip: OVIEDO, FL 32765

Title: VP (X) Change () Addition
Name: FOSTER, ROBERT J
Address: 2116 ELMCREST PL.
City-St-Zip: OVIEDO, FL 32765

Title: D () Change (X) Addition
Name: FOSTER, JAMES N
Address: 2116 ELMCREST PL.
City-St-Zip: OVIEDO, FL 32765

Title: S,TR () Change (X) Addition
Name: FOSTER, JOAN M
Address: 2116 ELMCREST PL.
City-St-Zip: OVIEDO, FL 32765

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: JOAN M FOSTER

S,TR

07/23/2009

Electronic Signature of Signing Officer or Director

Date