

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000108849

FILED
Apr 08, 2009
Secretary of State

Entity Name: SUCCESSFUL TARGETED MARKETING, STM, INC.

Current Principal Place of Business:

16835 ALGONQUIN STREET
201
HUNTINGTON BEACH, CA 92649

New Principal Place of Business:

1391 NW ST LUCIE WEST BLVD
176
PORT ST LUCIE, FL 34986

Current Mailing Address:

906 SW SAINT LUCIE WEST BLVD
176
PORT ST LUCIE, FL 34986

New Mailing Address:

1391 NW ST LUCIE WEST BLVD
176
PORT ST LUCIE, FL 34986

FEI Number: 84-1716757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG & BACK CPAS
6837 SOUTH US 1
PORT ST LUCIE, FL 34952 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FISCHER, ANDREW H
Address: 16835 ALGONQUIN STREET
City-St-Zip: HUNTINGTON BEACH, CA 92649

Title: VP () Delete
Name: MATTSON, STEPHANIE M
Address: 16835 ALGONQUIN STREET
City-St-Zip: HUNTINGTON BEACH, CA 92649

Title: TREA () Delete
Name: MATTSON, STEPHANIE M
Address: 16835 ALGONQUIN STREET
City-St-Zip: HUNTINGTON BEACH, CA 92649

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FISCHER, ANDREW H
Address: 1391 NW ST LUCIE WEST BLVD
City-St-Zip: PORT ST LUCIE, FL 34986

Title: VP (X) Change () Addition
Name: MATTSON, STEPHANIE M
Address: 1391 NW ST LUCIE WEST BLVD
City-St-Zip: PORT ST LUCIE, FL 34986

Title: TREA (X) Change () Addition
Name: MATTSON, STEPHANIE M
Address: 1391 NW ST. LUCIE WEST BLVD
City-St-Zip: PORT ST LUCIE, FL 34986

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: STEPHANIE MATTSON

VP

04/08/2009

Electronic Signature of Signing Officer or Director

Date