

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Oct 26, 2007
Secretary of State**

DOCUMENT# P13406

Entity Name: SIMMONS MARKET RESEARCH BUREAU, INC.

Current Principal Place of Business:

1501 SW FAU RESEARCH PARK BLVD.
SUITE #100
DEERFIELD BEACH, FL 33441 US

New Principal Place of Business:

Current Mailing Address:

475 ANTON BLVD
COSTA MESA, CA 92626 US

New Mailing Address:

FEI Number: 13-2948721 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

C T CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DC () Delete
Name: ROBERT, DON
Address: 475 ANTON BLVD
City-St-Zip: COSTA MESA, CA 92626

Title: D () Delete
Name: BROOKS, PAUL
Address: 475 ANTON BLVD
City-St-Zip: COSTA MESA, CA 92626

Title: D () Delete
Name: NELSON, ROBERT
Address: 475 ANTON BLVD
City-St-Zip: COSTA MESA, CA 92626

Title: P () Delete
Name: VACANT, VACANT
Address: 475 ANTON BLVD
City-St-Zip: COSTA MESA, CA 92626

Title: CCEO () Delete
Name: ENGEL, WILLIAM
Address: 475 ANTON BLVD
City-St-Zip: COSTA MESA, CA 92626

Title: T () Delete
Name: SCOTT, WHEELER
Address: 475 ANTON BLVD
City-St-Zip: COSTA MESA, CA 92626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: WILSON, CHRIS
Address: 475 ANTON BLVD
City-St-Zip: COSTA MESA, CA 92626

Title: VP (X) Change () Addition
Name: NENNINGER, SCOTT
Address: 475 ANTON BLVD
City-St-Zip: COSTA MESA, CA 92626

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHRIS WILSON

P

10/26/2007

Electronic Signature of Signing Officer or Director

Date