

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P92000013675**

1. Entity Name  
**MICHAELS MARKETING INC.**



Principal Place of Business  
**7681 OLYMPIA DR  
WPB, FL 33411**

Mailing Address  
**7681 OLYMPIA DR  
WPB, FL 33411**



08052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0376966**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**MICHAELS, ELAINE  
7681 OLYMPIA DR  
RIVERWALK  
WEST PALM BEACH, FL 33411**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CEO  
MICHAELS, ELAINE  
7681 OLYMPIA DR  
WEST PALM BEACH, FL 33411**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MICHAEL, CLEMENTE J  
7681 OLYMPIA DR  
WEST PALM BEACH, FL 33411**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
JEMAS, JOYCE  
7681 OLYMPIA DR  
WEST PALM BEACH, FL 33411**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11000001376610  
08/18/05-80002-001 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

**SIGNATURE:** Elaine Michaels  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/2005 561-697-2462  
Daytime Phone #