2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2007 08:00 AN Secretary of State

ANNUAL REPORT					May 03, 200 / 08:0			
1. Entity Nan	MENT # P930000798 me MARKETING SOUTH, INC.			S	ecretar	y of Sta		
Principal Place 11804 STR/ RALEIGH, NO		Mailing Address 11804 STRALEY PL RALEIGH, NC 27614			78188 1112 BB111 8 B111 8 B111			
C	OO NOT WRITE	IN THIS SPA	CE	04242007 4. FEI Numbi 57-321		CR2E034 (11		
			· · · · · · · · · · · · · · · · · · ·	5. Certificate	of Status Desired	Fee Re	quired	
6. Name and Address of Current Registered Agent MILLER, PAUL F 11804 STRALEY PLACE RALEIGH, FL 27614					NOT W THIS SP			
	e named entity submits this statement for th	e purpose of changing its register	red office or register	ed agent, or bo	th, in the State of Flo	rida. Fam familiar	with, and accept	
-	tions of registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agent and	tite if applicable (NOTE: Register	ed Agent signature required	when reinstating)		DATE		
	.E NOW!!! FEE IS \$150.00 lay 1, 2007 Fee will be \$550.00	* 4 * 1		.00 May Be ed to Fees	80000 05/23/07	0757995 -80094-00:	3 150.00	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIF PRES MILLER, PAUL F 11804 STRALEY PLACE RALEIGH, NC 27614	RECTORS /		ta saya a garan a gara garan a garan a				
TITLE NAME STREET ADDRESS CITY+ST-ZIP	VP MILLER, LESLIE E 11804 STRALEY PLACE RALEIGH, NC 27614		The state of the s			er e S		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ed to the second	DO	NOT W	RITE	ing the second	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			A CONTRACTOR OF THE CONTRACTOR		and the second of the second o		e de la companya de l	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Dave 7. Willer (PAUL F. MILLER, PRES.)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-07

919-841-9388

Date

Daytime Phone #