

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000001905

FILED
Jan 20, 2005
Secretary of State

Entity Name: ACCENT MARKETING ASSOCIATES INC.

Current Principal Place of Business:

15835 CHANDELLE PLACE
WELLINGTON, FL 33414 US

New Principal Place of Business:

Current Mailing Address:

15835 CHANDELLE PLACE
WELLINGTON, FL 33414 US

New Mailing Address:

FEI Number: 65-0464097 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMOS, SALVADOR
15835 CHANDELLE PLACE
WELLINGTON, FL 33414 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: RAMOS, SALVADOR
Address: 15835 CHANDELLE PLACE
City-St-Zip: WELLINGTON, FL 33414 US

Title: VP () Delete
Name: RAMOS, MONICA M
Address: 15835 CHANDELLE PLACE
City-St-Zip: WELLINGTON, FL 33414 US

Title: EVP () Delete
Name: EDGE, RICHARD B
Address: 762 SE ALBATROSS AVENUE
City-St-Zip: PT. ST. LUCIE, FL 34983 US

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

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: EVP () Change (X) Addition
Name: MORTON, ROBERT G
Address: 3720 S 55TH AVENUE
City-St-Zip: LAKE WORTH, FL 33463

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SALVADOR RAMOS

P

01/20/2005

Electronic Signature of Signing Officer or Director

_____ Date