2007 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # P94000022264 1. Entity Name PMA MARKETING, INC. Principal Place of Business Mailing Address 1837 23RD AVE PO BOX 2792 VERO BEACH, FL 32960 US VERO BEACH, FL 32961 DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent FORTE, PETER A 1837 23RD AVE VERO BEACH, FL 32960

FILED Apr 30, 2007 08:00 Al Secretary of State



04252007 No Chg-P	CR2	:034 (11/05)	
4. FEI Number		Applied For	
65-0477135		Not Applicable	
5. Certificate of Status Desired		\$8.75 Additional	

DO NOT WRITE

V2.1.0 D2.	1011,12 02000			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	d Agent signeture	required when reinstating)	DATE		
Fill After Ma	Ë NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRE	CTORS	Ī				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORTE, MARY A 1837 23RD AVE VERO BEACH, FL 32960				!!nnnnn7400c?		
TITLE	P FORTE, PETER A				000000748962 05/18/07-80002-014 150.00		
NAME Street Address	1837 23RD AVÉ						
CITY-ST-ZIP	VERO BEACH, FL 32960						
TITLE							
NAME							
STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE							
NAME				IN	THIS SPACE		
STREET ADDRESS			1				
CITY-ST-ZIP							
TITLE					I		
NAME Street address							
CITY-ST-ZIP							
TITLE			1				
NAME							
STREET ADDRESS City-St-Zip							
	Pertify that the information supplied with this	iling does not qualify for the eye	emptions co	ntained in Chapter 1	19. Florida Statutes. I further certify that the information		
indicated	12. I hereby certify that the information supplied with this filling 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 cath; that I am an officer or director of the corporation or the content of the co						

of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: