2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 10, 2005 8:00 am Secretary of State

DOCUMENT # P9500003480 1. Entity Name ACCUMEN MARKETING SPECIALISTS, INC.							03-10-2005 9	0129 04	1 ***150	0.00	
Principal Place of Business Mailing Address						İ					
	RANADA BLVD. ACH, FL 32176	100 EAST GRANADA BL	100 EAST GRANADA BLVD. ORMOND BEACH, FL 32176				(8164 621) 28(H 884) 88)		PA) Grant total con		
2 Principal P	face of Business	3. Mailing Address	Mailing Address								
2. Principal Place of Business 3.		3. Walling Address	r Maining Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				03012005	Chg-P	CR2E0	34 (10/03)		
City & State		City & State				4. FEI Number 59-3302				plied For of Applicable	
Zip	Country	Zip	Coun	try			of Status Desired		\$8.75 Add	fitional	
	6. Name and Address of Current	Registered Agent				7 Name and	Address of New R		Fee Require	d	
				Name		7. Name and	Address of New N	egistereu A	igeni		
REINMAN, JAMES L ESQ. REINMAN, MATHESON, KOSTRO & VAUGHAN, P.A.					Street Address (P.O. Box Number is Not Acceptable)						
	GRANADA BLVD. SUITE 104 BEACH, FL 32176								.		
			Cit					FL	Zip Code	e	
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.										and accept	
,											
SIGNATURE Signature, typed or scrinted name of registered agent and tirle if applicable (NOTE: Registered Agent signature required when reinstating) DATE											
After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.						.00 May Be ed to Fees					
10.	OFFICERS AND		11.	1		ADDITIONS/	CHANGES TO OFFI	CERS AND		S IN 11	
TITLE NAME	DT KANDEL, MARTIN M	☐ Delete	TITLI	- 1	YAN	IDEI 1	11.2-5111	1.1	X Change	☐ Addition	
STREET ADDRESS	21 RIVER RIDGE TR.			ET ADDRESS	10/	EAST	GPALIA	SA Pol	V		
CITY-ST-ZIP				-ST-ZIP	OR	MONIS	IARTIN I GRANAI BEACH,	FI FI	ろフェ	16	
TITLE	DP Detete IIT		TITLE		070		DETICIO,	. ~-	☐ Change	Addition	
NAME			NAM	1							
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP							
TITLE			TITLE						☐ Change	Addition	
NAME	L book		NAM						☐ Change	Addition	
STREET ADORESS	1601 N HALIFAX AVE		STRE	STREET ADDRESS							
CITY-ST-ZIP	DAYTONA BEACH, FL 32118		CITY	-ST-ZIP				_			
TITLE	_		TrīLi						Change	Addition .	
NAME STREET ADDRESS			1	NAME STREET ADDRESS							
CITY-ST-ZIP	1			-ST-ZIP							
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NAME			NAM								
STREET ADDRESS CITY-ST-ZIP			ET ADDRESS - ST-ZIP								
TITLE		☐ Delete	TITLE						☐ Change	Addition	
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CITY-ST-ZIP				-ST-ZIP							
12 I harabu i	certify that the information supplied with	this filing does not qualify for	the exe	motion stat	ed in Se	ction 119.07(3)(i	Florida Statutes 1	further cert	ity that the in	Mormation	

12. In Preby certify that the information supplied with first litting does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes. Hurther certify that the information indicated on this report as 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 his 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 attorices, with all other the empowered.

SIGNATURE: _

STEVEN SCHLOSSBERG 3-1-05 386-257-2021