


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90255 040 ***158.75

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| DOCUMENT # P95000059574 | | | |  | |
| 1. Entity Name MARKETING PRESENTATIONS INCORPORATED | | | | | |
| Principal Place of Business 7427 SEDONA WAY DELRAY BEACH, FL 33446-4420 US | | | Mailing Address 7427 SEDONA WAY DELRAY BEACH, FL 33446-4420 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number 65-0611266 | |
| Zip | | Country | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CHABROW, PENN B ONE SE THRID AVE - STE 1700 MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent Name <u>MICHAEL BRESLOW</u> Street Address (P.O. Box Number is Not Acceptable) <u>7427 Sedona Way</u> City <u>DeLray Beach</u> FL Zip Code <u>33446-4420</u> | | |
| 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: <u>Michael Breslow P/O</u> <u>[Signature]</u> <u>1/3/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BRESLOW, MICHAEL G 7427 SEDONA WAY DELRAY BEACH, FL 334464420 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD BRESLOW, JUDITH 7427 SEDONA WAY DELRAY BEACH, FL 334464420 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | | | |
| 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: <u>Michael Breslow P/O</u> <u>[Signature]</u> <u>1/3/07</u> <u>561 998 0205x9</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |