


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90091 012 ***150.00

DOCUMENT # P95000063170 1. Entity Name NATIONAL ASSOCIATION MARKETERS, INC.					
Principal Place of Business 152 NORTH COVE DRIVE PONTE VEDRA BEACH, FL 32082			Mailing Address P.O. BOX 2905 PONTE VEDRA BEACH, FL 32004-2905		
2. Principal Place of Business - No P.O. Box # 1173 SALT MARSH CIRCLE Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State PONTE VEDRA BEACH FL Zip 32082		City & State ST. JAMES Zip Country		4. FEI Number 59-3332360 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04202007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent WALSH, WILLIAM F 1173 SALT MARSH CIR. PONTE VEDRA BEACH, FL 32082			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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>William F. Walsh</u> <u>WILLIAM F. WALSH</u> <u>4-3-07</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <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	PT WALSH, WILLIAM F 1173 SALT MARSH CIRCLE PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WALSH, WINIFRED M 1173 SALT MARSH CIRCLE PONTE VEDRA BEACH, FL 32082	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALSH, BRIANA K 1173 SALT MARSH CIRCLE PONTE VEDRA BCH, FL 32082	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, JENNIFER M 1173 SALT MARSH CIRCLE PONTE VERDA BCH, FL 32082	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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>William F. Walsh</u> <u>WILLIAM F. WALSH</u> <u>4/3/07</u> <u>(904)543-9002</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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