
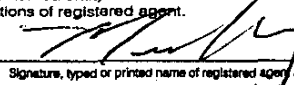
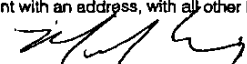


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90171 039 ***150.00

| | | | |
|---|---------------------------------|---|--|
| DOCUMENT # P96000009595 1. Entity Name MACRO MARKETING, INC. | |  | |
| Principal Place of Business 11312 LITTLE BEAR WAY BOCA RATON, FL 33428 US | | Mailing Address 11312 LITTLE BEAR WAY BOCA RATON, FL 33428 US | |
| 2. Principal Place of Business 2177 Alworth Terrace Suite, Apt. #, etc. | | 3. Mailing Address 2177 Alworth Terrace Suite, Apt. #, etc. | |
| City & State Wellington, FL Zip Country 33414 | | City & State Wellington, FL Zip Country 33414 | |
| 4. FEI Number 65-0637718 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent KING, MELINDA L 11312 LITTLE BEAR WAY BOCA RATON, FL 33428 | | 7. Name and Address of New Registered Agent Name King, Melinda Street Address (P.O. Box Number is Not Acceptable) 2177 Alworth Terrace Wellington FL 33414 | |
| 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  DATE 3/1/2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 V NAME KING, MELINDA D STREET ADDRESS 11312 LITTLE BEAR WAY CITY-ST-ZIP BOCA RATON, FL | <input type="checkbox"/> Delete | TITLE V NAME King, Melinda STREET ADDRESS 2177 Alworth Terrace CITY-ST-ZIP Wellington, FL 33414 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE P NAME KING, LAWRENCE G STREET ADDRESS 11312 LITTLE BEAR WAY CITY-ST-ZIP BOCA RATON, FL | <input type="checkbox"/> Delete | TITLE P NAME King, Lawrence G STREET ADDRESS 2177 Alworth Terrace CITY-ST-ZIP Wellington, FL 33414 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> MELINDA L. KING | | Date March 1, 2005 Daytime Phone # 561-798-7562 | |