2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 09, 2007 8:00 am Secretary of State

DOCUMENT # P96000024178 1. Entity Name SIMPLE SUCCESS MARKETING, INC.									07-09-200	7 90049	003 ***1:	58.75	
Principal Place of Business Mailing Address													
2646 S W M	APP ROAD		2646 S W MAPP ROAD										
SUITE 305 PALM CITY, FL 34990 US			SUITE 305 Palm City, FL 34990 US										
		ness - No P.O. Box #	3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.			,,	070520	007	Chg-P	CR2E	034 (12/06)		
City & State			City & State			4. FEI Number Applied For 65-0654001 Not Applied				oplied For ot Applicable			
Zip	Zip Country		Zip				5. Certificate of Status Desired \$8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent							7. Name	and A	ddress of New	Registered	Agent		
WALSH, JEANNETTE						Name Walsh Jeannette							
2801 CORTEZ BLVD					Street Address (P.O. Box Number is Not Acceptable)								
FORT PIERCE, FL 34982						A (2)		<u> </u>	WEST 14	, , , ,	WEUD.		
					City P	ort	5+.	Lu	icie	FL	Zip Cod	927	
8. The above	named ontit	y submits this statement fo	the purpose of changing its r	egister	ed office or	register	ed agent, d	or both	in the State of F	lorida. I am	familiar with,	and accept	
the obligat	tions of regist	tered agent.	1/1/1/							بسر و	th .	_	
SIGNATURE Signoffe. Typod or printed name of registered agent god tile inapplicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE												7	
Suppose of Share or business of a figure and a figure and a figure of the order of													
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 9. Election Campaign Finance Trust Fund Contribution.							.00 May 8 ed to Fees		In accordance corporation did				
10.		OFFICERS AND	DIRECTORS			ADDITI	ONS/C	HANGES TO OF	FICERS AN		S IN 11		
TITLE	P Delete				E	P	16h .	To.		-4	Change	☐ Addition	
name Street address	WALSH, JEANNETTE ADDRESS 2801 CORTEZ BLVD		NAM Stre		E ET ADDRESS				sh, Jeannette 20 s.w. Westlawn Blub.				
CITY-ST-ZIP	FORT PIERCE, FL 34982				- ST-ZIP	Pa	r+	5+	Lucie	FI	3499	7	
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CITY-ST-ZIP				1	-ST-ZIP							1	
12. I hereby	certify that th	ne information supplied with	this filing does not qualify for	the ex	emptions co	ontained	in Chapte	er 119,	Florida Statutes.	I further ce	rtify that the i	nformation	
of the co- changed	on this reportion or t poration or t , or on an att	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 reserver 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.											