


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # P96000028463 |  |
| 1. Entity Name PINPOINT MARKETING, INC. | |

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| Principal Place of Business P.O. BOX 550188 FT. LAUDERDALE FL 33355-0188 | Mailing Address P.O. BOX 550188 FT. LAUDERDALE FL 33355-0188 |
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|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

1st MOORE CR2E034 (10/06)

| | |
|-----------------------------|--|
| 4. FEI Number 65-0672263 | Applied For <input type="checkbox"/> Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent ADDICOTT, MICHAEL L 900 NORTH FEDERAL HWY SUITE 201 HALLANDALE BEACH FL 33009 |
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| 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.

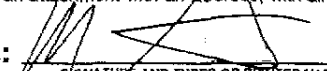
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete D GETTINGE, RANDY 1321 N.W. 129TH WAY SUNRISE FL 33323 |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete TS GETTINGER, REBECCA L 1321 NW 129TH WAY SUNRISE FL 33323 |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY ST ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 1100000646880 03/06/07-80048-014 150.00 |
| 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"/> Change <input type="checkbox"/> Addition |
| 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"/> Change <input type="checkbox"/> Addition |
| 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 exemptions contained in Section 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:  Randy Gettinger 2.22.07