

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000041574

FILED
Apr 12, 2005
Secretary of State

Entity Name: AVALON MARKETING SERVICES, INC.

Current Principal Place of Business:

1801 SE HILLMOOR DRIVE
SUITE A-110
PORT ST. LUCIE, FL 34952 US

Current Mailing Address:

1801 SE HILLMOOR DRIVE
SUITE A-110
PORT ST. LUCIE, FL 34952 US

New Principal Place of Business:

4250 SALZEDO STREET
#301
CORAL GABLES, FL 33146 US

New Mailing Address:

1825 PONCE DE LEON BLVD.
#122
CORAL GABLES, FL 33134 US

FEI Number: 65-0699380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOFFMAN, DONALD B
1801 SE HILLMOOR DRIVE
SUITE A-110
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

HOFFMAN, TRISH A
4250 SALZEDO STREET
#301
CORAL GABLES, FL 33146 US

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.

SIGNATURE: TRISH A. HOFFMAN

04/12/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOFFMAN, TRISH A
Address: 1801 SE HILLMOOR DRIVE, SUITE A-110
City-St-Zip: PORT ST. LUCIE, FL 34952 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOFFMAN, TRISH A
Address: 4250 SALZEDO STREET
City-St-Zip: CORAL GABLES, FL 33146 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRISH A. HOFFMAN

PD

04/12/2005

Electronic Signature of Signing Officer or Director

Date