
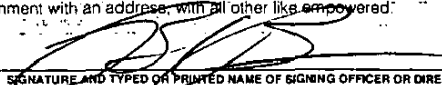


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90232 047 ***150.00

50020454

DOCUMENT # P96000048482 1. Entity Name WOLVERINE MARKETING, INC.																											
Principal Place of Business 625 S C N TAMiami TRAIL NOKOMIS, FL 34275 US			Mailing Address PO BOX 375 ELLENTON, FL 34222 US																								
2. Principal Place of Business 4705 9TH STE			3. Mailing Address Suite, Apt. #, etc.																								
City & State Ellen ton			City & State																								
Zip FI		Country 34222		4. FEI Number 65-0702366																							
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																							
6. Name and Address of Current Registered Agent GALVANO, WILLIAM S 1023 MANATEE AVE W PO BOX 1550 BRADENTON, FL 34205			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 reinstating) DATE _____																											
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																							
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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: X  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																											
Date 2/16/05				Daytime Phone #																							