2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2007 08:00 AM Secretary of State

1. Entity Name	MENT # P960000718 s & marketing, inc.	350		Secretary of Sta
Principal Place 1359 TEA RO SARASOTA, F	DSE PLACE	Mailing Address 1359 TEA ROSE PLACE SARASOTA, FL 34239	I MANIKAN INA MANA AMIN'ARAN ARAN ARAN ARAN ARAN MANA MANAKANIA ARAN MANAKAN MANIKAN MANIKAN MANIKAN MANIKAN M	
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ט	O NOI WRITE	IN THIS SPA	CE	4. FEI Number Applied For Status Desired Status Desired Status Desired Applied For Not Applicable Status Desired Status Desired Fee Required
MUSCATELL, JOE 1359 TEA ROSE PLACE SARASOTA, FL 34239 B. 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.	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE: Register	ed Agent aignature require	ed when reinstating) DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaign Fine Trust Fund Contribution		5.00 May Be ided to Fees
10.	OFFICERS AND D	IRECTORS	*	
NAME STREET ADDRESS CITY-ST-ZIP	MUSCATELL, JOE 1359 TEA ROSE PLACE			U00000621118 02/12/07-80004-006 150.(
TITLE NAME STREET ADDRESS CITY-ST-2IP	SARASOTA, FL 34239 VP SWANSON, ERIC SS 3640 WYNGATE LANE BIRMINGHAM, AL 35242			U2/12/U7-80004-006 150.(
NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>	DO NOT WRITE
TITLE NAME				IN THIS SPACE

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 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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/0 /94/-320-82/9
Date Daylone Phone #