FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

2001 [redacted] 2000

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 APR 20 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000073409

1. Corporation Name
PRACTICAL MARKETING SOLUTIONS, INC.

Principal Place of Business	Mailing Address
33 THIRD ST N SUITE SUITE 100 ST PETERSBURG FL 33701	~~233 THIRD ST N~~ 108 6th Ave ~~SUITE SUITE 100~~ ~~ST PETERSBURG FL 33701~~ Beach FL 33706

DO NOT WRITE IN THIS SPACE

new address

1. Principal Place of Business: 875 Pasadena Ave S
2a. Mailing Address: Same as new
Suite, Apt. #, etc.: Suite D
City & State: St. Petersburg Beach
Zip: 33706 Country: Pinellas
Zip: Country:

3. Date Incorporated or Qualified: 08/30/1996
4. FEI Number: 59-3404643 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~HAWKINS, NORA L~~
~~233 THIRD ST N~~
~~SUITE SUITE 100~~
~~ST PETERSBURG FL 33701~~

108 6th Ave
~~875 Pasadena Ave S.~~
~~Suite D~~
St. Petersburg FL 33706 Beach

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [redacted] DATE: [redacted]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS HAWKINS, NORA L ~~233 THIRD ST N~~ 105 6th Ave ~~ST PETERSBURG FL 33701~~ Beach FL 33706 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition SP

300004134919--8
05/03/01--01141--002
****150.00 ****150.00

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ 4/20/01 727-821-8617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Nora L. Hawkins 4/25/00 727-343-4668
Nora L. Hawkins 4/20/01 727-363-3610

CR2E034 (11/98)