


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90020 027 ***150.00

DOCUMENT # P96000077572	
1. Entity Name COOPERATIVE MARKETING GROUP, INC.	

Principal Place of Business 204 SILVER MOSS LANE TARPON SPRINGS FL 34689	Mailing Address 204 SILVER MOSS LANE TARPON SPRINGS FL 34689
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MOORE CR2E034 (11/03)

2. Principal Place of Business 26133 US Hwy 19 N Suite, Apt. #, etc. #311	3. Mailing Address Suite, Apt. #, etc.
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City & State CLEARWATER	City & State
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Zip 33765	Country FLORIDA	Zip	Country
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4. FEI Number 59-3404634	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 DAVID, KARIN A 204 SILVER MOSS LANE TARPON SPRINGS FL 34689	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD DAVID, KARIN A 204 SILVER MOSS LANE TARPON SPRINGS FL 34689 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DAVID, DONALD V 204 SILVER MOSS LANE TARPON SPRINGS FL 34689 <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
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
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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

1-28-04 727797790