


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90067 036 \*\*\*150.00

<b>DOCUMENT # P96000077572</b> 1. Entity Name <b>COOPERATIVE MARKETING GROUP, INC.</b>					
Principal Place of Business <b>2708 ALT 19, N # 507-2 PALM HARBOR, FL 34683</b>			Mailing Address <del>204 SILVER MOSS LANE</del> <del>TARPON SPRINGS, FL 34688</del>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>2708 ALT 19 N</b> <b>#507-2</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <b>PALM HARBOR</b>			
Zip	Country	Zip	Country	4. FEI Number <b>59-3404634</b>	
<b>34683</b>		<b>PINEHAS</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MICHAELS, THOMAS O P.A. 1370 PINEHURST RD DUNEDIN, FL 34698</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 reconstituting) _____ DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID, DONALD V <del>204 SILVER MOSS LANE</del> <del>TARPON SPRINGS, FL 34688</del>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(SAME) (SAME) <b>2708 ALT 19 N, SUITE 507-2</b> <b>PALM HARBOR, FL 34683</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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 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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND PRINTED OR BLENDED NAME OF SIGNING OFFICER OR DIRECTOR			<b>1-29-07 7277867800</b> Date Daytime Phone #		