


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2007 8:00 am**  
**Secretary of State**

04-05-2007 90139 014 \*\*\*150.00

<b>DOCUMENT # P96000082423</b> 1. Entity Name <b>MARKET FRONT, INC.</b>					
Principal Place of Business <b>1801 HERMITAGE BLVD STE 600 TALLAHASSEE, FL 32308 US</b>			Mailing Address <b>1801 HERMITAGE BLVD 600 TALLAHASSEE, FL 32308 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number <b>59-3403621</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>BENNETT, DOUGLAS W</b> <b>1801 HERMITAGE BLVD., STE 100</b> <b>TALLAHASSEE, FL 32308</b>	<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	<b>DVAS</b> <b>SMITH, JEFFREY L</b> <b>1801 HERMITAGE BLVD, STE 600</b> <b>TALLAHASSEE, FL 32308</b>	<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	<b>P</b> <b>WARRIOR, DEXTER B</b> <b>3424 PEACHTREE RD NE, STE 800</b> <b>ATLANTA, GA 30326</b>	<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	<b>VT</b> <b>LATHEM, LORI Q</b> <b>3424 PEACHTREE RD., NE, STE. 800</b> <b>ATLANTA, GA 30326</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Artlyn Fang 555 California Street # 220 San Francisco, CA 94104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>NEWMARK, DEBBIE J</b> <b>3424 PEACHTREE RD NE #800</b> <b>ATLANTA, GA 30326</b>	<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	<b>DVAT</b> <b>GRAY, LYNNE M</b> <b>1801 HERMITAGE BLVD #600</b> <b>TALLAHASSEE, FL 32308</b>	<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.					
SIGNATURE: <u>Debbie J. Newmark</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>3/30/07</u> Daytime Phone # _____		