2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000089825

1. Entity Name

DATÁBASE MANAGEMENT & MARKETING, INC.



FILED Aug 08, 2007 08:00 A Secretary of State

Principal Place of Business

2751 W OLD US HWY 441 MT. DORA, FL 32757 Mailing Address

2751 W OLD US HWY 441 MOUNT DORA, FL 32757



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

08032007 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 59-3466086
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

TEETS, RICK 2751 W OLD US HWY 441 MOUNT DORA, FL 32757

DO NOT WRITE IN THIS SPACE

			IN THIS OF AGE		
8. The above the obligat	named entity submits this statement for the tions of registered agent.	purpose of changing its register	ed office or registered agent, or	ooth, in the State of Florida. I an	n familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE Registere	nd Agent signatura required when reinstating)	DATE	
	LE NOWIII FEE IS \$550.00 ue by September 14, 2007	9. Election Campaign Finar Trust Fund Contribution.	- - ++ ,	00000077173 08/08/07-80008	30 5-003 558.75
10.	OFFICERS AND DIRE	CTORS	TO THE WAR THE STATE OF	THE SEAT OF THE SEAT OF THE SEAT OF	建、不治 11 强化时候2
NAME STREET ADDRESS CITY-ST-ZIP	PRES TEETS, RICK 33001 DAMON CT LEESBURG, FL 34788				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TEETS, LINDA 33001 DAMON CT. LEESBURG, FL 34788	_			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WISE, GEOFFREY 10428 STONEPARK DR LEESBURG, FL 34788		DC	NOT WRIT	Έ
TITLE NAME	SEC WISE, GEOFFREY] IN	THIS SPACE	E .

12. I hereby certify that the information supplied with this filling 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 of 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:

SIGNATURES

STREET ADDRESS

CITY-ST-ZIP

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

10428 STONEPARK DR

LEESBURG, FL 34788

ach July Rick Tel

8/4/07

352-383-3376

Daytime Phone 4