

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000000547

FILED  
Apr 20, 2007  
Secretary of State

Entity Name: NITROSPORT MARKETING SERVICES, INC.

**Current Principal Place of Business:**

927 S RIDGEWOOD AVE  
SUITE A-6  
EDGEWATER, FL 32132 US

**New Principal Place of Business:**

**Current Mailing Address:**

927 S RIDGEWOOD AVE  
SUITE A-6  
EDGEWATER, FL 32132 US

**New Mailing Address:**

FEI Number: 59-3483669      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COTE-JARVIS, SHERRY  
927 S. RIDGEWOOD AVE. SUITE A-6  
EDGEWATER, FL 32132 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COTE, EDMOND H JR  
Address: 1804 QUEEN PALM DRIVE  
City-St-Zip: EDGEWATER, FL 32132

Title: V ( ) Delete  
Name: JARVIS, LARRY  
Address: 1025 FLYING M COURT  
City-St-Zip: EDGEWATER, FL 32132 US

Title: V ( ) Delete  
Name: LEE, HOWARD  
Address: 2945 QUEEN PALM  
City-St-Zip: EDGEWATER, FL 32141 US

Title: S ( ) Delete  
Name: LEE, PAULA  
Address: 2945 QUEEN PALM DRIVE  
City-St-Zip: EDGEWATER, FL 32141 US

Title: T ( ) Delete  
Name: COTE, ROSEMARY  
Address: 1804 QUEEN PALM DRIVE  
City-St-Zip: EDGEWATER, FL 32132 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULA LEE

S

04/20/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date