2007 FOR PROFIT CORPORATION May 07, 2007 08:00 A Secretary of State **ANNUAL REPORT DOCUMENT # P98000048140** 1. Entity Name EXPOSURE ADVERTISING, INC. Mailing Address Principal Place of Business 3206 S HOPKINS AVE #37 3206 S HOPKINS AVE #37 TITUSVILLE, FL 32780 TITUSVILLE, FL 32780 No Chg-P CR2E034 (11/05) 04302007 DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3540365 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MANZO, RICHARD A 2395 S WASHINGTON AVE #5 TITUSVILLE, FL 32780

DO NOT WRITE IN THIS SPACE

FILED

Applied For

\$8.75 Additional

Fee Required

Not Applicable

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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, Yood or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renatating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			
IITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD LITHERLAND, LARRY 3206 S HOPKINS AVE #37 TITUSVILLE, FL 32780				U00000762924 05/29/07-80032-019 158.79
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LITHERLAND, DOROTHY 112 FIRST ST CASSOPOLIS, MI 49031				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					}
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,				
12. Thereby 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under onth that have no efficiency distributions.					

of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR