2005 FOR PROFIT CORPORATION

FILED Apr 06, 2005 08:00 AM Secretary of State

561-339-2507

Daytime Phone #

ANNUAL REPORT				Secretary of State		
DOCU	MENT # P98000055			Secret	ary of State	
ISG MA	ARKETING, INC.					
Principal Plac	ce of Business	Mailing Address				
6310 LONG Jupiter, FL	LEAF PINE DR 33458 US	6310 LONGLEAF PINE DR JUPITER, FL 33458 US		 		III abini b orat kond katan digal bogani di ura
DO NOT WRITE IN THIS SPA				02232005	No Chg-P	CR2E034 (10/03)
L	O NOI WRITE	IN THIS SPA	CE	4. FEI Numb 65-085		Applied For Not Applicable \$8.75 Additional
	6. Name and Address of Current Ro	egistered Agent		3. Certificate	or Status Desired	Fee Required
6310 LON	KI, STEVEN R IGLEAF PINE DR FL 33458	DO NOT WRITE IN THIS SPACE				
8. The above	e named entity submits this statement for t	he purpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Flo	orida. I am familiar with, and accept
•	nors of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE, Registere	d Agent signature required	when reinstating)		DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	ncing \$5.	.00 May Be ed to Fees		
10.	OFFICERS AND DI	RECTORS	-			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOJNACKI, STEVEN R 6310 LONGLEAF PINE DR JUPITER, FL 33458					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					100000 14706705-	1289683 -89035-013 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SF	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 trutee 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 a faddress, with all other like empowered.

PROIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: