

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000063932

Entity Name: MED-MARKETRONICS, INC.

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

PO BOX 770848
ORLANDO, FL 328770848 US

New Principal Place of Business:

14147 RIDGE CREEK COURT
ORLANDO, FL 32824 US

Current Mailing Address:

20 N. ORANGE AVE.,
SUITE 600
ORLANDO, FL 32801

New Mailing Address:

PO BOX 770848
ORLANDO, FL 32877

FEI Number: 59-3525403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDRY, STONER, CALANDRINO & BROWN, P.A.
20 N. ORANGE AVENUE
SUITE 600
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

APONTE, FELIX
14147 RIDGE CREEK COURT
ORLANDO, FL 32824 US

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: FELIX APONTE

04/30/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: APONTE, FELIX
Address: 14147 RIDGE CREEK COURT
City-St-Zip: ORLANDO, FL 32824

Title: VD () Delete
Name: APONTE, DILSIA
Address: 14147 RIDGE CREEK COURT
City-St-Zip: ORLANDO, FL 32824

Title: STD (X) Delete
Name: APONTE, DEBRA
Address: 14147 RIDGE CREEK COURT
City-St-Zip: ORLANDO, FL 32824

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:

I hereby certify that the information supplied with this filing does not qualify 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: FELIX APONTE

PD

04/30/2007

Electronic Signature of Signing Officer or Director

Date