## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 09, 2004 8:00 am Secretary of State

DOCUMENT # P98000074281  1. Enlity Name MARKETING INTO MILLIONS, INC.					04-09-2004 90076 022 ***150.00				
Principal Place of Business 4535 CENTRAL AVE SAINT PETERSBURG, FL 33713		Mailing Address 4535 CENTRAL AVE SAINT PETERSBURG, FL 33713		44025479					
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03112004	Chg-P	CR2E03	4 (10/03)	
City & State		City & State			4. FEI Number 59-3533	794			plied For t Applicable
Zip Country		Zip	Country		5. Certificate o	f Status Desired		8.75 Add ee Required	
	6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New R	egistered A	gent	
LEHR, GR					x Linn	is Not Acceptable	-1		
4535 CENTRAL AVE ST. PETERSBURG, FL 33913				45	(P.O. Box Number 35 Centa	al Aven	ue		
				City	Datasa		FL	Zip Code	
8. The above	named entity submits this statement for	r the purpose of changing its	register	ed office or registe	Petens ered agent, or both	SDUTG , in the State of Fig			
SIGNATURE MAX LINN.			) M	d Agent signature require	-		03	-16-	04
	argument typed or primed heart of registered agent	aro pilo ir applicable. (1901	c. negistere	d Agent signature require	ed when reinstating)		UAIE		
FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.	9. Election Campa Trust Fund Conf			5.00 May Be ded to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND (	DIRECTORS	IN 11
TITLE	PT	Delete	TITLI	E P	VTS	. D		Change	Addition
NAME	LINN, MAX P		NAM	IE Li	NN, MA	× 1 4	UE.		
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	VPS		-1	1	r. 1214	67 Days		J - /	
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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 another any signature shall have the same legal effect as if made under cath; 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