

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P98000097521

1. Entity Name  
SUCCESS MARKETERS, INC.



Principal Place of Business  
5040 ROBINSONG RD.  
SARASOTA, FL 34233

Mailing Address  
5040 ROBINSONG RD.  
SARASOTA, FL 34233

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

6. Name and Address of Current Registered Agent

PREWETT, DANIEL  
5777 BENEWARD, SOUTH  
SARASOTA, FL 34233

Name

Patti R Boroski

Street Address (P.O. Box Number is Not Acceptable)

5040 Robinsong Rd

City

FL

Zip Code

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

*Patti R Boroski*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when remailing)

DATE

4-23-07

FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution:  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PSTD  
NAME: BOROSKI, PATTI R  
STREET ADDRESS: 5040 ROBINSONG ROAD  
CITY-ST-ZIP: SARASOTA, FL 34233

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE: VPD  
NAME: BOROSKI, EUGENE  
STREET ADDRESS: 5040 ROBINSONG ROAD  
CITY-ST-ZIP: SARASOTA, FL 34233

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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Change  Addition

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CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Patti R Boroski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-07