2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P9900000315

Entity Name: EYECON MARKETING, INC.

FILED Sep 04, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
3635 WEBBER ST SARASOTA, FL 34232				BBER ST DTA, FL 34232	US	
Current Ma	ailing Addres	s:	New Ma	New Mailing Address:		
46 N. WASHINGTON BLVD. #1 SARASOTA, FL 34236			46 N. WASHINGTON BLVD. #1 SARASOTA, FL 34236 US			
FEI Number:	65-0895176	FEI Number Applied For ()	FEI Number Not Ap	oplicable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name ar	nd Address of N	lew Registered Agent:	
STE. 1 SARASOTA	of Florida.	JS	ırpose of changin໌ເ	g its registered o	office or registered agent, or both,	
SIGNATUR		ic Signature of Registered Ager	nt		 Date	
Election Cam		3(2)(b), F.S., the corporation did not Trust Fund Contribution (). TORS:	•		TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DPST () SMITH, GEOFF 1121 LEWIS AV SARASOTA, FL	/ENUE	Title: Name: Address: City-St-Zip	SMITH, GEOFF 3635 WEBBER	ST.	
Title: Name: Address: City-St-Zip:	VP (X) OLSON, MATHE 1121 LEWIS AV SARASOTA, FL	/E	Title: Name: Address: City-St-Zip) Change ()Addition	
Title: Name: Address: City-St-Zip:	D () SMITH , III, WA 3635 WEBBER SARASOTA, FL	ST	Title: Name: Address: City-St-Zip	SMITH , III, WA 3635 WEBBER	ST	
Title: Name: Address: City-St-Zip:	DPST (X) SMITH, GEOFF 3635 WEBBER SARASOTA, FL	ST	Title: Name: Address: City-St-Zip) Change ()Addition	
Title: Name: Address: City-St-Zip:	VP (X) OLSON, MATHE 3635 WEBBER SARASOTA, FL	ST	Title: Name: Address: City-St-Zip	,) Change ()Addition	

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: GEOFFREY W. SMITH DPST 09/04/2007