

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S06929

FILED  
Jan 06, 2007  
Secretary of State

Entity Name: MARKETING CONCEPTS INTERNATIONAL, INC.

## Current Principal Place of Business:

4541-3 ST AUGUSTINE RD  
JACKSONVILLE, FL 32207

## New Principal Place of Business:

2302-1 VINSON LANE  
JACKSONVILLE, FL 32207

## Current Mailing Address:

4541-3 ST AUGUSTINE RD  
JACKSONVILLE, FL 32207

## New Mailing Address:

2497 CASTELLON DR N  
JACKSONVILLE, FL 32217

FEI Number: 59-3016328

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SWISHER, JAMES A.  
4541-3 ST AUGUSTINE RD.  
JACKSONVILLE, FL 32207 US

## Name and Address of New Registered Agent:

SWISHER, JAMES A.  
2497 CASTELLON DR N  
JACKSONVILLE, FL 32217 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: JAMES A SWISHER

01/06/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VP ( ) Delete  
Name: SWISHER, SCOTT  
Address: 4541-3 ST ST AUGUSTINE RD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete  
Name: SWISHER, BONNIE J  
Address: 4541 3 ST AUGUSTINE RD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: SEC ( ) Delete  
Name: SWISHER, JOANN  
Address: 4541-3 ST. AUGUSTINE RD  
City-St-Zip: JACKSONVILLE, FL 32207

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: SWISHER, SCOTT  
Address: 2497 CASTELLON DR N  
City-St-Zip: JACKSONVILLE, FL 32217

Title: D (X) Change ( ) Addition  
Name: SWISHER, BONNIE J  
Address: 2497 CASTELLON DR N  
City-St-Zip: JACKSONVILLE, FL 32217

Title: SEC (X) Change ( ) Addition  
Name: SWISHER, JOANN  
Address: CASTELLON DR N  
City-St-Zip: JACKSONVILLE, FL 32217

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES A SWISHER

PRES

01/06/2007

Electronic Signature of Signing Officer or Director

Date