## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

MARKETING CONSULTANTS, INC.  2008 APR 15 AM 11: 59  Procipied Place of Business 3200 TAMMANI TRAIL N SUITE 200  AMPLES, R1 34103 US  3200 TAMMANI TRAIL N SUITE 200  AMPLES, R1 34103 US  SUIP, Apr. # oc.  2. Puricipial Place of Business: No. P.C. Box # 3. Mailing Address  Suite, Apr. # oc.  3200 TAMMANI TRAIL N SUITE 200  AMPLES, R1 34103 US  Suite, Apr. # oc.  3200 TAMMANI TRAIL NUTTE 200  Crustry  2. Puricipial Place of Business: No. P.C. Box # 3. Mailing Address  2. Puricipial Place of Business: No. P.C. Box # 3. Mailing Address  2. Puricipial Place of Business: No. P.C. Box # 3. Mailing Address  3200 TAMMANI TRAIL NUTTE 200  Crustry  2. Puricipial Place of Business: No. P.C. Box # 3. Mailing Address  3200 TAMMANI TRAIL NUTTE 200  NAPLES, F1 34103  See Address of No. P.C. Box Nutrobe in No. Acceptable  Name  After May 1, 2008 Fee will be \$550.00  After May 1, 2008 Fee will be \$550.00  Trail Fund Committee and processed approached purice and a feebacks  Description of Place of Business in Statements for the purpose of Changing to registered speed, or both in the State of Place of Pla	DOCUMENT # S94381				The state of the s	
Again Agric Record Business Maling Address Sapor Analysis Relations Size CREATAY OF STATE TALLARASSE. FLORIDA.  APLES, FL 34103 US  2. Principal Page of Business - No P.O. Box #	1. Entity Name MARKETING CONSULTANTS, INC.				2008 APR 15 AM 11:59	
2. Function Place of Business - No P.O. Box # 3. Melling Address  Suite, Apr. #, etc.  Suite,	Principal Place of Business Mailing Address					
Suito, Apr. F. etc.  City & State  City & St	3200 TAMIAMI TRAIL N SUITE 200		3200 TAMIAMI TRAIL N SUITE 200		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Suito, Apr. F. etc.  City & State  City & St	Principal Place of Business - No P.O. Box # 3. Mailing Address				- I TROUTED HE HAN TIFFE HON OUTS HON FINI FINI DIEN DIEN DIEN DUIDEN HAND	
City & State  City & State  City & State  Country  Countr			Suite, Apt. #, etc.			
Section   Sect			City & Chata			
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of Hew Registered Agent  Name  Name  Name  Name  Name  Name  Sreal Address (P.O. Box Numbor is Not Acceptable)  NaPLES, FL 34103  Sreal Address (P.O. Box Numbor is Not Acceptable)  City  FL Zip Code  City  FL Zip Code  Name  Name  StonATURE  FUL Registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE  FUL Registered Agent of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.  SIGNATURE  POTUME, The or the purpose of changing its registered agent, or both, in the State of Florida. I am lamiliar with, and accept the obligations of registered agent.  POTUME Registered Agent  POTUME Registered Agent  POTUME Registered Agent agent, or both, in the State of Florida. I am lamiliar with, and accept the registered agent, or both, in the State of Florida. I am lamiliar with, and accept the registered agent, or both, in the State of Florida. I am lamiliar with, and accept the registered agent.  Signature Registered Agent  POTUME Registered Agent agent, or both, in the State of Florida. I am lamiliar with, and accept the registered agent.  POTUME Registered Agent agent, or both, in the State of Florida. I am lamiliar with, and accept the registered agent of registered a	City & State		City & State			
WOODWARD, MARK J 3200 TAMMAII TRAIL IN SUITE 200  NAPLES, FL 34103  City FL Zip Codo  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 Roide. I am furnities with, and accept the holigations of registered agent.  SIONATURE  Syman, those or orient area of registered agent and use it algorithms.  FILE NOWILL FEE IS \$150.00  After May 1, 2008 Fee will be \$550.00  OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  MAR  PARTSI, JOSEPH L  SIREH AUGUSS  OTH 51-3P  NAME  PARTSI, JOSEPH L  SIREH AUGUSS  OTH 51-3P  ONAPLES, FL 34119  Debtes  INIL  NAME  DINARDO, ANTHONY  SIREH AUGUSS  OTH 51-3P  NAME  DINARDO, ANTHONY  SIREH AUGUSS  OTH 51-3P  NAME  SIREH AUGUSS  OTH 51-3P  ORDINARDO, ANTHONY  SIREH AUGUSS  OTH 51-3P  NAME  SIREH AUGUSS  OTH 51-3P  ORDINARDO, ANTHONY  SIREH AUGUSS  OTH 51-3P  ORD	Zip	Country	Zip	Country		
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits his statement for the purpose of changing its registered of lifes or registered agent, or both, in the State of Florida, I am familiar with, and accept the obligations of registered agent and of registered agent and the reductable (POLE Registered Repris Agritus Impared on rimsus/ph)  FILE NOWILI FEE IS \$150.00  9. Election Comptaign Financing Address (P.O. Box Number is Not Acceptable)  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  FILE NOWILI FEE IS \$150.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  FILE NOW IN THE PRISE AND DIRECTORS IN 11  FILE NOW IN THE PRISE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  FILE NOW IN THE PRISE ADDITIONS (PARAMETER) (		6. Name and Address of Curren	t Registered Agent			
Street Address (P.O. Box Number is Not Acceptable)    City						
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	3200 TAMIAMI TRAIL N SUITE 200			Street Address	(P.O. Box Number is Not Acceptable)	
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	·					
SIGNATURE    Signary   Separate						
TILE NOW!!! FEE IS \$150.00 After May 1, 2008 Foe will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE OPEN L PARISI, JOSEPH L PARISI, JOSEPH L SIBERI ADDRESS CITY-S1-78P NAPLES, FL 34114  ITILE ODINARDO, ANTHONY SIBERI ADDRESS CITY-S1-78P NAPLES, FL 34114  Delete ITILE SD WOODWARD, MARK J SIBERI ADDRESS CITY-S1-78P NAPLES, FL 34103  Delete ITILE SD WOODWARD, MARK J SIBERI ADDRESS CITY-S1-78P NAPLES, FL 34103  Delete ITILE SD WOODWARD, MARK J SIBERI ADDRESS CITY-S1-78P NAPLES, FL 34103  Delete ITILE SD WOODWARD, MARK J SIBERI ADDRESS CITY-S1-78P NAPLES, FL 34103  Delete ITILE SD WOODWARD, MARK J SIBERI ADDRESS CITY-S1-78P NAPLES, FL 34103  Delete ITILE NAME SIBERI ADDRESS CITY-S1-78P NAPLES, FL 34103  Delete ITILE NAME SIBERI ADDRESS CITY-S1-78P NAPLES, FL 34103  Delete ITILE NAME SIBERI ADDRESS CITY-S1-78P NAPLES, FL 34103  Delete ITILE NAME SIBERI ADDRESS CITY-S1-78P NAPLES, FL 34103  Delete ITILE NAME SIBERI ADDRESS CITY-S1-78P  Delete ITILE NAME SIRERI ADDRESS CIT						
After May 1, 2008 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   VPTD						
TITLE NAME PARISI, JOSEPH L SIRET ADDRESS CITY-SI-7/IP NAME PO DIAGRAM PARISI, JOSEPH L SIRET ADDRESS CITY-SI-7/IP NAME PO DIAGRAM PARISI, JOSEPH L SIRET ADDRESS CITY-SI-7/IP NAME PO DIAGRAM PARISI, JOSEPH L SIRET ADDRESS CITY-SI-7/IP NAME SIAGE FIDDLER'S CREEK PARKWAY NAPLES, FL 34114  ITILE NAME SIRET ADDRESS CITY-SI-7/IP NAME SIAGE ADDRESS CITY-SI-7/IP NAME SIRET ADDRESS CITY-SI-7/IP  ITILE NAME SI	FILE NOWIII FEE IS \$150.00					
PARISI, JOSEPH L SIREE ADDRESS CITY-ST-2P TITLE PD DINARDO, ANTHONY NAME SIREE ADDRESS CITY-ST-2P NAPLES, FL 34114 DINARDO, ANTHONY NAPLES, FL 34114 DILE SD WOODWARD, MARK J SIREE ADDRESS CITY-ST-2P NAPLES, FL 34103 Delete DINE NAME SIREE ADDRESS CITY-ST-2P Delete Delete DINE NAME SIREE ADDRESS CITY-ST-2P Delete Delete DINE NAME SIREE ADDRESS CITY-ST-2P Delete Delete Delete DINE NAME SIREE ADDRESS CITY-ST-2P Delete Delete DINE NAME SIREE ADDRESS CITY-ST-2P Delete Delete Delete DINE NAME SIREE ADDRESS CITY-ST-2P Delete Delete Delete Delete DINE NAME SIREE ADDRESS CITY-ST-2P Delete De	10.	, <del> </del>	D DIRECTORS			
STREET ADDRESS OTTY-ST-2IP  TITLE  PD  Delete DINARDO, ANTHONY STREET ADDRESS ANAPLES, FL 34114  STREET ADDRESS BY ANAPLES, FL 34114  Delete DINARDO, ANTHONY STREET ADDRESS BY ANAPLES, FL 34114  Delete NAME WOODWARD, MARK J STREET ADDRESS CITY-ST-2IP NAME NAME STREET ADDRESS CITY-ST-2IP NAME NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP NAME STREET ADDRESS CITY-ST-2IP  ITTLE NAME STREET ADDRESS		· -	☐ Delete		☐ Change 💢 Addition	
TITLE PD DINARDO, ANTHONY DINARDO, ANTHO			(WAY	1		
NAME DINARDO, ANTHONY STREET ADDRESS 8156 FIDDLER'S CREEK PARKWAY OILY-ST-ZIP NAPLES, FL 34114  WOODWARD, MARK J MARE WOODWARD, MARK J MARE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34103  UILE NAME STREET ADDRESS CITY-ST-ZIP OILY-ST-ZIP OILE OILY-ST-ZIP OILS-ST-ZIP OILY-ST-ZIP OILY-ST	CITY-ST-ZIP			CITY-ST-ZIP		
CITY-SI-ZIP  MAPLES, FL 34114  SD  Delete  WOODWARD, MARK J  3200 TAMIAMI TRAIL N SUITE 200  CITY-SI-ZIP  NAPLES, FL 34103  SIREET ADDRESS  CITY-SI-ZIP  NAPLES, FL 34103  SIREET ADDRESS  CITY-SI-ZIP  IIILE  NAME  SIREET ADDRESS  CITY-SI-ZIP  IIILE  NAME  SIREET ADDRESS  CITY-SI-ZIP  IIILE  NAME  SIREET ADDRESS  CITY-SI-ZIP  Delete  Del			☐ Delete		Change Addition	
CITY-SI-ZIP  MAPLES, FL 34114  SD  Delete  WOODWARD, MARK J  3200 TAMIAMI TRAIL N SUITE 200  CITY-SI-ZIP  NAPLES, FL 34103  SIREET ADDRESS  CITY-SI-ZIP  NAPLES, FL 34103  SIREET ADDRESS  CITY-SI-ZIP  IIILE  NAME  SIREET ADDRESS  CITY-SI-ZIP  IIILE  NAME  SIREET ADDRESS  CITY-SI-ZIP  IIILE  NAME  SIREET ADDRESS  CITY-SI-ZIP  Delete  Del	)	ì '	(WAY	1 1	04/15/0801023018 **150.00	
NAME STREET ADDRESS CITY-ST-2P NAPLES, FL 34103  ITILE NAME STREET ADDRESS CITY-ST-2P  ITILE Delete  ITILE NAME STREET ADDRESS CITY-ST-2P  ITILE Delete  ITILE Delete D	CITY-ST-ZIP	<del></del>		CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34103 STREET ADDRESS CITY-ST-ZIP  IITLE NAME STREET ADDRES			Delete			
ITILE NAME STREET ADDRESS CITY-ST-ZIP Delete ITILE NAME STREET ADDRESS CITY-ST-ZIP Delete ITILE NAME STREET ADDRESS CITY-ST-ZIP Delete Delete Delete THE D		•	200	l i	H4/15/H6 01023 022 **15£ 31	
NAME STREET ADDRESS CITY-ST-ZIP Delete IIILE NAME STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP  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 emprowered 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 altachment with an address, with all other like empowered.  SIGNATURE:  3/27/08 Date Daysine Phore #	CITY-ST-ZIP	NAPLES, FL 34103		CITY-S1-ZIP		
STREET ADDRESS CITY-ST-ZIP  Delete  IIILE NAME STREET ADDRESS CITY-ST-ZIP  Delete  IIILE NAME STREET ADDRESS CITY-ST-ZIP  12. 1 hereby certify that the information supplied with this filling 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:  SIGNATURE AND TYPEDOR PRINTED/NAME OF SIGNING OFFICER OR DIRECTOR  Daytame Phone #			☐ Delete		Change Addition	
INTLE  NAME STREET ADDRESS CITY-ST-ZIP  INTLE NAME STREET ADDRESS CITY-ST-ZIP  INTLE NAME STREET ADDRESS CITY-ST-ZIP  INTLE NAME STREET ADDRESS CITY-ST-ZIP  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:  SIGNATURE  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  D	3			<b>1</b>	400123533854	
NAME STREET ADDRESS CITY-ST-ZIP  IFILE NAME STREET ADDRESS CITY-ST-ZIP  IFILE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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:  SIGNATURE  SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Daytine Phone #	CITY-ST-ZIP			CITY-ST-ZIP	04/15/0801023022 **192.50	
STREET ADDRESS CITY-ST-ZIP  INTLE INAME STREET ADDRESS CITY-ST-ZIP  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:  SIGNATURE  SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Date  Dayline Phone #	1		☐ Delete		Change Addition	
INTLE NAME STREET ADDRESS CITY-ST-ZIP  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:  SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Dayline Phone #						
NAME STREET ADDRESS CITY-ST-ZIP  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:  SIGNATURE AND TYPEOOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Date  Dayline Phone #	CITY-ST-ZIP			CITY-ST-ZIP		
STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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:  SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Dayline Phone #			☐ Delete		☐ 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:  SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Dayline Phone #					•	
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:    SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Dayline Phone #	City-St-ZiP			CITY-ST-ZIP		
SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  3/27/08 (239) 732-9400  Date Dayling Phone #	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					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		$\sim$	mur as otner sike empowered.		3/27/08 (239) 732-9400	
	SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Oste Daytime Phone #  Joseph Livit Parisi, as Director					

4/16