2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V14628

HALL, DOUG

LAKELAND, FL 33803

3016 SWIAL CREEK VILLAGE DRIVE

Name:

Address:

City-St-Zip:

FILED Apr 29, 2009 Secretary of State

Entity Name: ADVANCED RETAIL MERCHANDISING, INC. **Current Principal Place of Business: New Principal Place of Business:** 2515 DRANEFIELD RD LAKELAND, FL 33811 US **Current Mailing Address: New Mailing Address:** POB 968 LAKELAND, FL 338020968 US FEI Number: 59-3150102 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GRAHAM, TOM 2515 DRANE FIELD RD LAKELAND, FL 33811 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: CEOD () Delete Title: CFO (X) Change () Addition Name: HALL, JAMES D Name: HALL, JAMES D 323 EUNICE 323 EUNICE Address: Address: City-St-Zip: LAKELAND, FL 33803 City-St-Zip: LAKELAND, FL 33803 Title: PD Title: () Delete (X) Change () Addition HAGSTROM, STEVE HAGSTROM, STEVE Name: Name: 905 SEDDON COURT 905 SEDDON COURT Address: Address: TAMPA, FL 33602 TAMPA, FL 33602 City-St-Zip: City-St-Zip: Title: CFOD () Delete Title: CFO (X) Change () Addition GRAHAM, TOM GRAHAM, TOM Name: Name: 846 VICTORIA TERRACE 846 VICTORIA TERRACE Address: Address: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: ALTAMONTE SPRINGS, FL 32701 City-St-Zip: Title: () Delete Title: () 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.

Name:

Address:

City-St-Zip:

SIGNATURE: TOM GRAHAM CFO 04/29/2009