## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Apr 15, 2005 08:00 AM Secretary of State **DOCUMENT # V64407** 1. Entity Name ASSURE MARKETING CORPORATION Principal Place of Business Mailing Address 8202 WATERFORD LANE TAMARAC, FL 33321 US 8202 WATERFORD LANE SUITE 202 TAMARAC, FL 33321 US 04132005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0386786 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DIXON, JOSEPH T., JR. DO NOT WRITE 8202 WATERFORD LANE SUITE 202 IN THIS SPACE TAMARAC, FL 33321 -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, typod or printed name of registered agent and liftle if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE DIXON, JOSEPH T., JR. NAME STREET ADDRESS 8202 WATERFORD LANE CITY-ST-ZIP TAMARAC, FL 33321 U00000308580 34/16/05-80002-020 158.75 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP रात ह NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. JOSEPH T. DIKON JR

SIGNATURE:

CITY-ST-ZIP

E OF SIGN OG OFFICER OR DIRECTOR

PLUSIDENT