## 2008 FOR PROFIT CORPORATION -ANNUAL REPORT

## FILED Apr 28, 2008 08:00 AN Secretary of State

| DOCUMENT # V6440  1. Entity Name ASSURE MARKETING CORE |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| Principal Place of Business                            | Mailing Address                              |  |  |  |  |  |
| 8202 WATERFORD LANE<br>SUITE 202                       | 8202 WATERFORD LANE<br>Tamarac, Fl. 33321 US |  |  |  |  |  |

## DO NOT WRITE IN THIS SPACE

04242008 No Chg-P CR2E034 (11/05)

| 5. | Certificate of Status Desired | \$8.75 Additional<br>Fee Required |                |  |
|----|-------------------------------|-----------------------------------|----------------|--|
|    | 65-0386786                    |                                   | Not Applicable |  |
| 4. | FEI Number                    |                                   | Applied For    |  |

Daytime Phone #

6. Name and Address of Current Registered Agent
DIXON, JOSEPH T., JR.

8202 WATERFORD LANE SUITE 202 TAMARAC, FL 33321

TAMARAC, FL 33321

| DO  | NC               | )T \    | ۷RI | ΤE   |
|-----|------------------|---------|-----|------|
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| IN. | ГНІ              | SS      | PA  | o e  |

|  | Signature, typed or printed name of registered agent and title if      | ent signatu | e required when reinstating)                                       | DATE ' |      |                   |                     |           |
|--|--|-------------|--|--------|------|-------------------|---------------------|-----------|
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00            |             | Stection Campaign Financing \$5.00 May Be Trust Fund Contribution. |        |      |                   |                     |           |
| 10.  | OFFICERS AND DIREC   | TORS        |  | win Si |      |                   |                     |           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>DIXON, JOSEPH T., JR.<br>8202 WATERFORD LANE<br>TAMARAC, FL 33321 |             | - 100 mg   |        |      | 50000<br>05/21/09 | 0490310<br>-20102-0 | 24 159 75 |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          |  |             |  |        |      |                   |                     |           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |             |  |        | DO   | NOT W             | RITE                |           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |             |  |        | IN ' | THIS SP           | ACE                 |           |
| HTLE<br>HAME<br>STREET ADORESS<br>CITY-ST-ZIP  |  | -           |  |        |      |                   |                     |           |
| ITLE IAME STREET ADDRESS DITY-ST-ZIP           |  |             |  |        |      |                   |                     |           |

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