


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2007 08:00 AM
Secretary of State


DOCUMENT # F00000000673
1. Entity Name
SUNBELT MARKETING INVESTMENT CORP.



Principal Place of Business
**3255 S. SWEETWATER RD
LITHIA SPRINGS, GA 30122**

Mailing Address
**3255 S. SWEETWATER RD
LITHIA SPRINGS, GA 30122**

DO NOT WRITE IN THIS SPACE



03062007 No Chg-P CR2E034 (11/05)

4. FEI Number 58-1259105	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

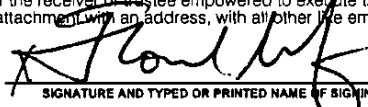
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD GILLFILLAN, JOHN S 3255 S. SWEETWATER RD. LITHIA SPRINGS, GA 30122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MENEFFEE, THOMAS M 3255 S. SWEETWATER RD. LITHIA SPRINGS, GA 30122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD PRAGER, KENNETH 3255 S. SWEETWATER RD. LITHIA SPRINGS, GA 30122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SCROGGIN, JOHN J 3255 S. SWEETWATER RD. LITHIA SPRINGS, GA 30122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLFILLAN, SIEGLINDE K 3255 S. SWEETWATER RD. LITHIA SPRINGS, GA 30122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENEFFEE, PAMELA 3255 S. SWEETWATER RD. LITHIA SPRINGS, GA 30122

DO NOT WRITE IN THIS SPACE

U00000664947
03/23/07-80004-008 150.00

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 fees empowered.

SIGNATURE:  **3/6/07 770-739-3740**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #