



State of New Hampshire 2011 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2011

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 02/22/2011
Business ID: 603282
William M. Gardner
Secretary of State

MARKETING MIRACLES, INC.

22 GRANDVIEW ROAD
WINDHAM, NH 03087

ADDRESS OF PRINCIPAL OFFICE:
N56 W13365 SILVER SPRING DRIVE
MENOMONEE FALLS, WI 53051

1 REGISTERED AGENT AND OFFICE:
LIVINGSTON, GLENN
22 GRANDVIEW ROAD
WINDHAM, NH 03087

ENTITY TYPE: CORPORATION
BUSINESS ID: 603282
STATE OF DOMICILE: WISCONSIN

ONLINE ADVERTISING SERVICES.

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- 2 The new mailing address _____
 The new principal office address _____

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

A

SEC'Y. **Sharon Livingston**
STREET **22 Grandview Road**
CITY/STATE/ZIP **Windham Nh 03087**
PRES. **Jeff Hughes**
STREET **W161n11161 Meadow Court**
CITY/STATE/ZIP **Germantown Wi 53028**
OTHE. **Robert Sieracki**
STREET **N56 W13365 Silver Spring Road**
CITY/STATE/ZIP **Menomonee Falls WI 54751**
NAME
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

B

DIR. **Glenn Livingston**
STREET **22 Grandview Road**
CITY/STATE/ZIP **Windham Nh 03087**
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

4 **Sign here:** Sharon Livingston

Please print name and title of signer: Sharon Livingston / SECRETARY
NAME TITLE

FEE DUE: **\$100.00**

E-MAIL ADDRESS (OPTIONAL): _____



060328220111006

**WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED**

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529