2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# F01000000513

Entity Name: AMERICAN PROMOTIONAL EVENTS, INC. - EAST

Current Principal Place of Business:

4511 HELTON DRIVE
FLORENCE, AL 35633

New Principal Place of Business:

Current Mailing Address:

4511 HELTON DRIVE
FLORENCE, AL 35633

New Mailing Address:

FEI Number: 63-0813092 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: ST ( ) Delete
Name: BERNAUER, SHELLA
Address: 4511 HELTON DRIVE
City-St-Zip: FLORENCE, AL 35630

Title: P ( ) Delete
Name: GLASGOW, TOMMY
Address: 4511 HELTON DRIVE
City-St-Zip: FLORENCE, AL 35633

Title: V ( ) Delete
Name: YU, PETER
Address: 4511 HELTON DRIVE
City-St-Zip: FLORENCE, AL 35633

Title: VSTD ( ) Delete
Name: PALME, JOHN
Address: 4511 HELTON DRIVE
City-St-Zip: FLORENCE, AL 35633

Title: V ( ) Delete
Name: EVANS, FRANK
Address: 4511 HELTON DRIVE
City-St-Zip: FLORENCE, AL 35633

Title: V ( ) Delete
Name: PENDERGRASS, KATHIE
Address: 4511 HELTON DRIVE
City-St-Zip: FLORENCE, AL 35633

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change ( ) Addition
Name: PALME, JOHN
Address: 4511 HELTON DRIVE
City-St-Zip: FLORENCE, AL 35633

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: SHELLA BERNAUER ST 04/22/2009

Electronic Signature of Signing Officer or Director — Date