

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001026

Entity Name: RJM PROMOTIONS INC.

FILED
Jul 22, 2009
Secretary of State

Current Principal Place of Business:

4022 NW 22 DR.
GAINESVILLE, FL 32605

New Principal Place of Business:

259 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

P.O. BOX 2098
NEW SMYRNA BEACH, FL 32170

New Mailing Address:

FEI Number: 63-1085972 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MASTRIANNA, RALPH
4615 DORIS DR.
NEW SMYRNA BEACH, FL 32169 US

Name and Address of New Registered Agent:

MASTRIANNA, RALPH
259 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169 US

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: RALPH J. MASTRIANNA

07/22/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MASTRIANNA, RALPH
Address: 4615 DORIS DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP () Delete
Name: MASTRIANNA, DEBRA
Address: 4615 DORIS DR.
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MASTRIANNA, RALPH J
Address: 259 N. CAUSEWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: VP (X) Change () Addition
Name: MASTRIANNA, DEBRA L
Address: 259 N. CAUSEWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: DEBRA L. MASTRIANNA

VP

07/22/2009

Electronic Signature of Signing Officer or Director

Date