

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 02, 2006  
Secretary of State**

DOCUMENT# N00000006057

Entity Name: DOWNTOWN PROMOTIONS, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

200 N. BAY STREET  
EUSTIS, FL 32726

**Current Mailing Address:**

**New Mailing Address:**

P.O. BOX 164  
EUSTIS, FL 32727

FEI Number: 59-3670627      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

RUDD, CHARLES  
200 N. BAY STREET  
EUSTIS, FL 32726      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP      ( ) Delete  
Name: ROBIN, BETH  
Address: 402 N. BAY STREET  
City-St-Zip: EUSTIS, FL 32726 US

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

Title: DVP      ( ) Delete  
Name: KALUS, MATT  
Address: 605 E. WASHINGTON AVE.  
City-St-Zip: EUSTIS, FL 32726 US

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

Title: DT      ( ) Delete  
Name: YOWLER, MILDRED  
Address: 216 MAGNOLIA LANE  
City-St-Zip: EUSTIS, FL 32726 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH ROBIN

DP

05/02/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date