2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000810

Entity Name: IMPERIAL PROMOTIONS, INC.

FILED May 27, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

3615 PRADO DR. SARASOTA, FL 34235

Current Mailing Address: New Mailing Address:

P.O. BOX 1373 SARASOTA, FL 34230

FEI Number: 65-0852802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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:

PITTS, JENNIFER
3615 PRADO DR.
SARASOTA, FL 34237 US
PITTS, JENNIFER
3615 PRADO DR.
SARASOTA, FL 34235 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: JENNIFER PITTS 05/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS () Delete Title: PS (X) Change () Addition
Name: PITTS. JENNIFER Name: PITTS. JENNIFER

 Name:
 PITTS, JENNIFER
 Name:
 PITTS, JENNIFER

 Address:
 3615 PRADO DR.
 3615 PRADO DR.

 City-St-Zip:
 SARASOTA, FL 34237
 City-St-Zip:
 SARASOTA, FL 34235

Title: V () Delete Title: V (X) Change () Addition Name: PITTS, HERBERT Name: PITTS, HERBERT

 Name
 FTTTS, REROERT

 Address:
 3615 PRADO DR.

 City-St-Zip:
 SARASOTA, FL 34237

 City-St-Zip:
 SARASOTA, FL 34235

Title: T () Delete Title: () Change () Addition

 Name:
 PITTS, ADRIENNE
 Name:

 Address:
 3615 PRADO DR
 Address:

 City-St-Zip:
 SARASOTA, FL 34235
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name:CAMPBELL, LEON ATTN.Name:CAMPBELL, LEON ATTN.Address:3526 PRADO DRAddress:3526 PRADO DRCity-St-Zip:SARASOTA, FL 34233City-St-Zip:SARASOTA, FL 34235

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JENNIFER PITTS PRES 05/27/2009