FILED
May 29, 2002 8:00 am
Secretary of State
04-11-2002 90702 026 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000061187

1. Entity Name
Intriguing Promotions, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
12681 Newfield Drive Suite, Apt. #, etc.	P.O. Box 771176 Suite, Apt. #, etc.
City & State: Orlando FL, 32837	City & State: Orlando, Florida
Zip: 32837 Country: USA	Zip: 32877 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3726804 [redacted] ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Loreen John

Street Address (P.O. Box Number is Not Acceptable): 12681 Newfield Drive

City: Orlando FL Zip Code: 32837

8. 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: Loreen Erica John — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE: 03/01/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President / Secretary
NAME	Candita Davis
STREET ADDRESS	2926 Colleen Dr
CITY-ST-ZIP	Kissimmee, FL 34744
TITLE	Vice President
NAME	Loreen John
STREET ADDRESS	12681 Newfield Drive
CITY-ST-ZIP	Orlando, FL 32837
TITLE	Treasurer
NAME	Cassandra Etienne
STREET ADDRESS	5777 LaMancha Court
CITY-ST-ZIP	Orlando, FL 32822
TITLE	
NAME	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Candita Davis — Candita Davis — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/3/02 Date — 321-663-7708 Daytime Phone #