2005 FOR PROFIT CORPORATION

Apr 19, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # P02000101518 1. Entity Name HANCOR PROMOTIONS, INC. Principal Place of Business Mailing Address 12910 GOLF CREST TERRACE 12910 GOLF CREST TERRACE TAMPA, FL 33624 TAMPA FL 33624 03152005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2379183 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SEGALL, LARRY M DO NOT WRITE 3321 HENDERSON BLVD TAMPA, FL 33609 ____ IN THIS SPACE 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS DEST TITLE KLEINMAN, LAURA J MAME 12910 GOLF CREST TERRACE STREET ADDRESS TAMPA, FL 33624 CITY-ST-ZIP TITLE MURINELLIS AND NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytme Phone #

FILED