

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90272 008 \*\*\*158.75

DOCUMENT # P05000084117

1. Entity Name

PROMOTIONAL ENTERPRISES II, INC.



Principal Place of Business

2638 GATELY DR. E.  
 SUITE 97  
 WEST PALM BEACH FL 33415

Mailing Address

2638 GATELY DR. E.  
 SUITE 97  
 WEST PALM BEACH FL 33415

2. Principal Place of Business

2638 Gately Dr. E

Suite, Apt., etc.  
 97

City & State  
 W. P. B. FL

Zip  
 33415

3. Mailing Address

2638 Gately Dr. E.

Suite, Apt., etc.  
 # 97

City & State  
 W. P. B. FL

Zip  
 33415

1st MOORE CR2E034 (10/05)

4. FEI Number

20-2981325

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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: Anita S Pledger

Signature, typed or printed name of registered agent and date of acceptance

(NOTE: Registered Agent signature required when reinstating)

DATE: 3-14-06

3-14-06

FILE NOW!!! FEE IS \$150.00  
 After May 1, 2006 Fee Will Be \$550.00  
 State Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PRES  
 NAME: PLEDGER, ANITA S  
 STREET ADDRESS: 2638 GATELY DR. E. SUITE 97  
 CITY-ST-ZIP: WEST PALM BEACH FL 33415

TITLE: VP  
 NAME: P. POWELL, ELIZABETH  
 STREET ADDRESS: 2638 GATELY DR. E. SUITE 97  
 CITY-ST-ZIP: WEST PALM BEACH FL 33415

TITLE: EXEC  
 NAME: PROCC, KYARA  
 STREET ADDRESS: 5025 PINE ABBEY DR. S  
 CITY-ST-ZIP: WEST PALM BEACH FL 33415

TITLE: SEC.  
 NAME: [REDACTED]  
 STREET ADDRESS: 2638 GATELY DR. E. SUITE 97  
 CITY-ST-ZIP: WEST PALM BEACH FL 33415

TITLE: [REDACTED]  
 NAME: [REDACTED]  
 STREET ADDRESS: [REDACTED]  
 CITY-ST-ZIP: [REDACTED]

TITLE: [REDACTED]  
 NAME: [REDACTED]  
 STREET ADDRESS: [REDACTED]  
 CITY-ST-ZIP: [REDACTED]

TITLE: [REDACTED]  
 NAME: [REDACTED]  
 STREET ADDRESS: [REDACTED]  
 CITY-ST-ZIP: [REDACTED]

TITLE: [REDACTED]  
 NAME: [REDACTED]  
 STREET ADDRESS: [REDACTED]  
 CITY-ST-ZIP: [REDACTED]

TITLE: [REDACTED]  
 NAME: [REDACTED]  
 STREET ADDRESS: [REDACTED]  
 CITY-ST-ZIP: [REDACTED]

TITLE: [REDACTED]  
 NAME: [REDACTED]  
 STREET ADDRESS: [REDACTED]  
 CITY-ST-ZIP: [REDACTED]

TITLE: [REDACTED]  
 NAME: [REDACTED]  
 STREET ADDRESS: [REDACTED]  
 CITY-ST-ZIP: [REDACTED]

TITLE: [REDACTED]  
 NAME: [REDACTED]  
 STREET ADDRESS: [REDACTED]  
 CITY-ST-ZIP: [REDACTED]

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Anita Pledger

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-13-06

439-9929

NOT AT This Time I am NOT

Sure Right Now

ANITA Pledger