

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000055145

FILED
Oct 01, 2009
Secretary of State

Entity Name: DOUBLE A MARKETING/PROMOTIONS INC.

Current Principal Place of Business:

101 N. CLEMATIS ST, STE 503
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

101 N. CLEMATIS ST, STE 503
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 20-4717039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARONSON, RICHARD
14822 WILDFLOWER LANE
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

JAMES, KEITH ESQ
4510 PORTIFINO WAY
SUITE 209
WEST PALM BEACH, FL 33409 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: KEITH JAMES

10/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ARONSON, ALAN
Address: 14822 WILDFLOWER LANE
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: T () Delete
Name: ARONSON, RICHARD
Address: 14822 WILDFLOWER LANE
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: S () Delete
Name: ARONSON, MARCIA TRES
Address: 14822 WILDFLOWER LANE
City-St-Zip: DELRAY BEACH, FL 33446 US

Title: VP (X) Delete
Name: SCHAFFENBERG, RICHARD
Address: 5620 SE SCHOONER OAKS WAY
City-St-Zip: STUART, FL 34997 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

SIGNATURE: ALAN ARONSON

PRES

10/01/2009

Electronic Signature of Signing Officer or Director

Date