


**2007 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**FILED**

2007 DEC -2 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000073382  
1. Entity Name  
ACE PROMOTIONS INC.



Principal Place of Business Mailing Address  
7701 NW 56TH AVE. 7701 NW 56TH AVE.  
2 2  
POMPANO BEACH, FL 33076 POMPANO BEACH, FL 33076

2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
7701 NW 56th Ave 7701 NW 56th Ave  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
Ste 2 Ste 2

City & State City & State  
Pompano Beach FL Pompano Beach  
Zip Country Zip Country  
33073 USA 33073 USA



11122007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For  
22-3932809 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
YOUNGSWICK, DEBRA  
6634 PATIO LANE  
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent  
Name Leonard Lombardo  
Street Address (P.O. Box Number is Not Acceptable)  
7701 NW 56th Ave Suite 2  
City Pompano Beach FL Zip Code 33433

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 *Leonard Lombardo* DATE 11-13-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25 9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input type="checkbox"/> Delete YOUNGSWICK, DEBRA 6634 PATIO LANE BOCA RATON, FL 33433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition William S. Lawrence 4952 Coronado Lake Dr. Boynton Beach FL 33437
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200112909112 12/06/07--01053--008 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Debra Youngswick* DATE: 11/13/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Phone #

12/5