

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000003178

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: CLOTHPROMOTIONS PLUS, INC.

**Current Principal Place of Business:**

18420 LONG LAKE DRIVE  
BOCA RATON, FL 33496

**New Principal Place of Business:**

**Current Mailing Address:**

18420 LONG LAKE DRIVE  
BOCA RATON, FL 33496

**New Mailing Address:**

FEI Number: 26-1719341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DICRESCENZO, ANGELA D  
665 SE 10TH STREET  
SUITE 201  
DEERFIELD BEACH, FL US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: OPPER, NORMAN  
Address: 18420 LONG LAKE DRIVE  
City-St-Zip: BOC A RATON, FL 33486

Title: VP ( ) Delete  
Name: OPPER, DEBORAH  
Address: 18420 LONG LAKE DRIVE  
City-St-Zip: BOCA RATON, FL 33486

Title: S ( ) Delete  
Name: OPPER, JARED  
Address: 18420 LONG LAKE DRIVE  
City-St-Zip: BOCA RATON, FL 33486

**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:

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: DEBORAH OPPER

VP

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date