2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000065003

Entity Name: PROMO PROFESSORS PRINTING COMPANY

FILED Mar 30, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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6900 SW 21ST COURT SUITE 15 DAVIE, FL 33317

Current Mailing Address: New Mailing Address:

6900 SW 21ST COURT SUITE 15 DAVIE, FL 33317

FEI Number: 26-2945374 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ROLNICK, HERBERT H
9734 W. SAMPLE ROAD
15120 MEADHAVEN STREET
CORAL SPRINGS, FL 33065 US
2AVIE, FL 33331 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: JOSEPH AXINN 03/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition Title: () Delete Title: AXINN, JOSEPH AXINN, JOSEPH J JOSEPH Name: Name: 6900 SW 21ST COURT 15120 MEADHAVEN STREET Address: Address: City-St-Zip: **DAVIE, FL 33317** City-St-Zip: **DAVIE. FL 33331**

Oky-36-21p. DAVIE, 1 E 33317

Title: VP () Delete Title: VP (X) Change () Addition Name: AXINN. SANDRA R Name: AXINN. SANDRA R

Address: 6900 SW 21ST COURT Address: 15120 MEADHAVEN STREET

City-St-Zip: DAVIE, FL 33317 City-St-Zip: DAVIE, FL 33331

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Title: S/T () Delete Title: S/T (X) Change () Addition Name: AXINN, SANDRA R Name: AXINN, SANDRA R

Address: 6900 SW 21ST COURT Address: 15120 MEADHAVEN STREET

City-St-Zip: DAVIE, FL 33317 City-St-Zip: DAVIE, FL 33331

Title: () Delete Title: VP () Change (X) Addition

 Name:
 Name:
 CRESCENZO, DIANA M

 Address:
 Address:
 4600 VAN BUREN STREET

 City-St-Zip:
 City-St-Zip:
 HOLLYWOOD, FL 33021 US

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: JOSEPH S. AXINN P 03/30/2009