

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000810

FILED
May 27, 2009
Secretary of State

Entity Name: IMPERIAL PROMOTIONS, INC.

Current Principal Place of Business:

3615 PRADO DR.
SARASOTA, FL 34235

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1373
SARASOTA, FL 34230

New Mailing Address:

FEI Number: 65-0852802 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PITTS, JENNIFER
3615 PRADO DR.
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

PITTS, JENNIFER
3615 PRADO DR.
SARASOTA, FL 34235 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: JENNIFER PITTS

05/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: PITTS, JENNIFER
Address: 3615 PRADO DR.
City-St-Zip: SARASOTA, FL 34237

Title: V () Delete
Name: PITTS, HERBERT
Address: 3615 PRADO DR.
City-St-Zip: SARASOTA, FL 34237

Title: T () Delete
Name: PITTS, ADRIENNE
Address: 3615 PRADO DR.
City-St-Zip: SARASOTA, FL 34235

Title: D () Delete
Name: CAMPBELL, LEON ATTN.
Address: 3526 PRADO DR.
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS (X) Change () Addition
Name: PITTS, JENNIFER
Address: 3615 PRADO DR.
City-St-Zip: SARASOTA, FL 34235

Title: V (X) Change () Addition
Name: PITTS, HERBERT
Address: 3615 PRADO DR.
City-St-Zip: SARASOTA, FL 34235

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

Title: D (X) Change () Addition
Name: CAMPBELL, LEON ATTN.
Address: 3526 PRADO DR.
City-St-Zip: SARASOTA, FL 34233

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

SIGNATURE: JENNIFER PITTS

PRES

05/27/2009

Electronic Signature of Signing Officer or Director

Date