## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2007 08:00 AN Secretary of State

						Secret	ary of St
DOCUMENT # 576432  1. Entity Name PROMOTION PRODUCTS, INC.							ary or st
Principal Plac 1114 E. COL ORLANDO, F	ONIAL DRIVE	Mailing Address 1114 E. COLONIAL DRIVE ORLANDO, FL 32803		1 163101 31111 (3	ORD ONLY DIGITE HIND HODE	OIBU BIRU BIRU FIR	18 BION DIRAKON II IOD
DO NOT WRITE IN THIS SPA			CE	01292007 4. FEI Number	No Chg-P	CR2E034 (	11/05) Applied For
,		4. 6. 8. 4. 4.	The state of the s	59-1828	803		Not Applicable
,	A STATE OF THE PROPERTY OF THE STATE OF THE			5. Certificate of	Status Desired		<b>75</b> Additional Required
<u> </u>	6. Name and Address of Current R	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			•		
DOWD, JOANE 1114 E. COLONIAL DRIVE ORLANDO, FL 32803			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for ions of registered agent.  Signature, typed or printed name of registered agent are		ed Office of register		, in the State of Pio	DATE	liar with, and accept
FIL After M	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaign Fina Trust Fund Contribution	ncing \$5	.00 May Be ed to Fees			
10.	OFFICERS AND D	DIRECTORS	:	1 .			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST DOWD, JOANE 2309 BAESEL VIEW DR ORLANDO, FL 32835		A CONTRACTOR OF THE CONTRACTOR	A second	ing Andrews Andrews Andrews Andrews		N
TITLE NAME STREET ADDRESS CITY-ST-ZIP			to contain	in s	U00000 02/26/07-	1636767 -80033-01	14 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				We de Francisco			

12. I hereby certify that the information sopplied 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 eport is true and accurage and that my signature shall have the same legal effect as if made under each; 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

2-6-07 40784144