

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 849480

FILED
Jan 31, 2008
Secretary of State

Entity Name: HIT PROMOTIONAL PRODUCTS, INC.

Current Principal Place of Business:

7150 BRYAN DAIRY RD
LARGO, FL 33777 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10200
SAINT PETERSBURG, FL 33733 US

New Mailing Address:

FEI Number: 59-2095421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FOWLER WHITE BOGGS BANKER P.A.
FOWLER WHITE BEGGS BANKER P.A.
501 E. KENNEDY BLVD. STE 1700
TAMPA, FL 33602 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: PD () Delete
Name: SCHMIDT, ARTHUR W II, I
Address: 7150 BRYAN DAIRY RD
City-St-Zip: LARGO, FL

Title: V () Delete
Name: SCHMIDT, AUTHUR W IV
Address: 7150 BRYAN DAIRY ROAD
City-St-Zip: LARGO, FL 33777

Title: CFOS () Delete
Name: MEADOWS, GARY D
Address: 7150 BRYAN DAIRY RD
City-St-Zip: LARGO, FL 33777

Title: AS () Delete
Name: SCHMIDT, ELIZABETH
Address: 7150 BRYAN DAIRY RD
City-St-Zip: LARGO, FL 33777

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:

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: GARY D. MEADOWS

CFOS

01/31/2008

Electronic Signature of Signing Officer or Director

_____ Date