2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006
Secretary of State

DOCUMENT# F04000003186

Entity Name: PROMOTIONAL CONCEPTS LIMITED-JAMAICA, INC.

Current Principal Place of Business:

SHORTWOOD PROFESSIONAL CENTRE
40 SHORTWOOD ROAD #17, KINGSTON 8
JAMAICA, XX

New Principal Place of Business:

SHORTWOOD PROFESSIONAL CENTRE
40 SHORTWOOD ROAD SUITE#17
KINGSTON 8, XX JAMAICA XX

Current Mailing Address:

SHORTWOOD PROFESSIONAL CENTRE
40 SHORTWOOD ROAD #17, KINGSTON 8
JAMAICA, XX

New Mailing Address:

SHORTWOOD PROFESSIONAL CENTRE
40 SHORTWOOD ROAD SUITE#17
KINGSTON 8, XX JAMAICA XX

FEI Number: 98-0428674 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FERREIRO, JOSE R JR
7911 N.W. 72 AVENUE STE. 223-A
MEDLEY, FL 33166 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: CP ( ) Delete
Name: HUTCHINSON, DESMOND B
Address: 56A NORBROOK ROAD
City-St-Zip: KINGSTON 8, JAMAICA,

Title: VCVP ( ) Delete
Name: STRACHAN, CHERYL
Address: 9 HILLVIEW WAY
City-St-Zip: KINGSTON 8 JAMAICA,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change ( ) Addition
Name: HUTCHINSON, DESMOND B
Address: 69 SHORTWOOD ROAD
City-St-Zip: KINGSTON 8,, XX JAMAICA XX

Title: VCVP (X) Change ( ) Addition
Name: STRACHAN, CHERYL
Address: 9 HILLVIEW WAY
City-St-Zip: KINGSTON 8, XX JAMAICA XX

I hereby certify that the information supplied with this filing does not qualify for the 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: DESMOND HUTCHINSON CP 01/12/2006

Electronic Signature of Signing Officer or Director Date