2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2008 08:00 A DOCUMENT # F05000004428 **Secretary of State** ALEXANDER PROMOTIONS INC Principal Place of Business Mailing Address 316 NW SEA CREST COURT 316 NW SEA CREST COURT PORT ST. LUCIE, FL 36986 PORT ST. LUCIE, FL 36986 No Chg-P 03062008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2117649 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RODAWAY, PETER A DO NOT WRITE 316 NW SEA CREST COURT PORT ST. LUCIE, FL 36986 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE RODAWAY, PETER A U00000865647 04/07/08-80037-004 150.00 NAME 316 NW SEA CREST COURT STREET ADDRESS CITY-ST-7iP PORT ST. LUCIE, FL 36986 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or sustee employment 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:

**Transport of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or substant an address, with all other like empowered.

SIGNATURE:

Transport

**Transport*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR