2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F87544

FILED Feb 23, 2004 Secretary of State

Entity Name: PROFESSIONAL PROMOTIONAL PRODUCTS CORP.

Current Principal Place of Business: New Principal Place of Business:

7875 N.W. 12 ST. STE 109 B

MIAMI, FL 33126 US

Current Mailing Address: New Mailing Address:

7875 N.W. 12 ST. STE 109 B

MIAMI, FL 33126 US

FEI Number: 59-2300616 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PICANS, RENE

8814 SW 113 PL CIR. E

MIAMI, FL 33176 US

JULIO AMADO
7875 NW 12 STREET
109 B

MIAMI, FL 33126 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: JULIO AMADO 02/23/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: DP (X) Change () Addition

 Name:
 PICANS, RENE,
 Name:
 AMADO, JULIO E

 Address:
 8814 SW 113 PL CIR. E
 Address:
 7875 NW 12 STREET

 City-St-Zip:
 MIAMI, FL 33176
 City-St-Zip:
 MIAMI, FL 33126

Title: DS (X) Delete Title: () Change () Addition

 Name:
 PICANS, YOLANDA,
 Name:

 Address:
 8814 SW 113 PL CIR. E
 Address:

 City-St-Zip:
 MIAMI, FL 33176
 City-St-Zip:

Title: DT (X) Delete Title: () Change () Addition

 Name:
 AMADO, JULIO E.,
 Name:

 Address:
 8814 SW 113 PL CIR. E
 Address:

 City-St-Zip:
 MIAMI, FL 33176
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JULIO E AMADO D/P 02/23/2004