2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000000488

1480 S HONOKAM DR

TEMPE, AZ 85281

Address: City-St-Zip:

Entity Name: ROBERT YATES PROMOTIONS, INC.

FILED Mar 21, 2005 Secretary of State

| Littly Nai | ille. ROBER | TATES PROMOTIONS, INC | | | | | |
|---|---|---------------------------------|---|--|--|---------|--|
| Current Principal Place of Business: | | | New Prin | New Principal Place of Business: | | | |
| | FORMANCE D, NC 28027 | DRIVE | | | | | |
| Current Mailing Address: | | | New Mail | New Mailing Address: | | | |
| 1480 S HC TEMPE, A | DHOKAM DR Z 85281 | | | | | | |
| FEI Number: | : 56-1840878 | FEI Number Applied For() | FEI Number Not App | olicable () | Certificate of Status Desired | () | |
| Name and Address of Current Registered Agent: | | | Name and | Name and Address of New Registered Agent: | | | |
| 1200 SOU PLANTATI | ORATION SY TH PINE ISLA ION, FL 3332 | ND ROAD 4 US | nurness of changing | ito rogietor | od office or registered agent, e | r both | |
| | named entity e of Florida. | submits this statement for the | purpose of changing | its registere | ed office or registered agent, o | r botn, | |
| SIGNATU | RE: | | | | | | |
| | Electro | nic Signature of Registered A | gent | | Date | | |
| Election Car | npaign Financii | ng Trust Fund Contribution (). | | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIO | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | | |
| Title: Name: Address: City-St-Zip: | , | | Title: Name: Address: City-St-Zip: | | () Change () Addition | | |
| Title: Name: Address: City-St-Zip: | TSVD (MARTIN, R D 1480 S HOHO TEMPE, AZ 8 | KAM DR | Title: Name: Address: City-St-Zip: | | (X) Change ()Addition D, DAVID CF0 HOKAM DR Z 85281 | | |
| Title: Name: | AT (KLECKER, KO |) Delete DRY A | Title: Name: | | () Change () Addition | | |

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.

Address:

City-St-Zip:

SIGNATURE: KORY KLECKER AT 03/21/2005