


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90405 011 \*\*\*150.00

<b>DOCUMENT # F94000000488</b>	
1. Entity Name <b>ROBERT YATES PROMOTIONS, INC.</b>	

Principal Place of Business <b>6301 PERFORMANCE DRIVE CONCORD, NC 28027</b>	Mailing Address <b>1480 S HONOKAM DR TEMPE, AZ 85281</b>
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**50008316**

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>6301 Performance Drive</b> Suite, Apt. #, etc.
City & State	City & State <b>Concord, NC</b>
Zip <b>28027</b>	Country <b>USA</b>



03082006 Chg-P CR2E034 (11/05)

4. FEI Number <b>56-1840878</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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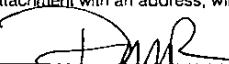
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC WAGENHALS, FRED W CEO <input checked="" type="checkbox"/> Delete 1480 S HONOKAM DR TEMPE, AZ 85271	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CROWLEY, RUTH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6301 PERFORMANCE DRIVE CONCORD, NC 28027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSVD RIDDIFORD, DAVID CFO <input type="checkbox"/> Delete 1480 S HONOKAM DR TEMPE, AZ 85281	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RIDDIFORD, DAVID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1480 S HONOKAM DR TEMPE, AZ 85281
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT KLECKER, KORY A <input checked="" type="checkbox"/> Delete 1480 S HONOKAM DR TEMPE, AZ 85281	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WARLICK IV, J. THOMAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6301 PERFORMANCE DRIVE CONCORD, NC 28027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **3/27/06** **602-337-3700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #