


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 15, 2005 8:00 am**  
**Secretary of State**

02-15-2005 90021 040 \*\*\*150.00

**DOCUMENT # G06788**  
 1. Entity Name  
**PROMOTEIT.COM, INC.**



Principal Place of Business  
**4145 CEDAR CREEK RANCH  
 LAKE WORTH, FL 33467-3729 US**

Mailing Address  
~~618 PARKWAY CT.~~  
**WEST PALM BEACH, FL 33413 US**

**50015405**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**4145 Cedar Creek Ranch Cir**  
 Suite, Apt. #, etc.



City & State  
**Lake Worth FL**

City & State  
**Lake Worth FL**

Zip  
**33467-3729**

Country  
**Palm**

01282005 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2243187**

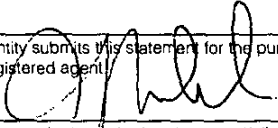
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**MICKELSON, ARTHUR J.  
 4145 CEDAR CREEK RANCH CIR.  
 LAKE WORTH, FL 33467**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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  **A Mickelson** 1/29/5  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD MICKELSON, ARTHUR 4145 CEDAR CREEK RANCH CIRCLE LAKE WORTH, FL 334673729</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MICKELSON, LOIS 4145 CEDAR CREEK RANCH CIRCLE LAKE WORTH, FL 334673729</b>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **A Mickelson** 1/29/5 561-966-2100  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #