2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# H48381

Entity Name: ADVERTISING PROMOTIONAL SPECIALTIES, INC.

Current Principal Place of Business:

2929 BIARRITZ DRIVE
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

2929 BIARRITZ DRIVE
PALM BEACH GARDENS, FL 334101419 US

Current Mailing Address:

P.O. BOX 33357
PALM BEACH GARDENS, FL 334203357 US

New Mailing Address:

FEI Number: 59-2525851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWMAN, BURTON E.
2929 BIARRITZ DRIVE
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

NEWMAN, ROCHELLE PRES
2929 BIARRITZ DRIVE
PALM BEACH GARDENS, FL 33410 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: ROCHELLE NEWMAN 02/05/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PVD ( ) Delete
Name: NEWMAN, ROCHELLE
Address: 2929 BIARRITZ DRIVE
City-St-Zip: PALM BEACH GARDENS, FL

Title: STD ( ) Delete
Name: NEWMAN, BURTON E.,
Address: 2929 BIARRITZ DRIVE
City-St-Zip: PALM BEACH GARDENS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDST (X) Change ( ) Addition
Name: NEWMAN, ROCHELLE,
Address: 2929 BIARRITZ DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 334101419 US

Title: VPD (X) Change ( ) Addition
Name: NEWMAN, BURTON E.,
Address: 2929 BIARRITZ DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 334101419 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ROCHELLE NEWMAN PRES 02/05/2009
Electronic Signature of Signing Officer or Director Date