

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # K84433 1. Entity Name PROMOTION PRODUCTIONS, INC.		
Principal Place of Business 10982 DENOEU ROAD BOYNTON BEACH, FL 33437	Mailing Address PO BOX 740020 BOYNTON BEACH, FL 33474-0020 US	
DO NOT WRITE IN THIS SPACE		
01052006 No Chg-P CR2E034 (11/05)		
4. FEI Number 65-0120730		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LEIGHTON, SUSAN 10982 DENOEU RD BOYNTON BEACH, FL 33437		
DO NOT WRITE IN THIS SPACE		
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: <u>[Signature]</u> (NOTE: Registered Agent signature required when reconstituting) DATE: _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEIGHTON, MICHAEL 10982 DENOEU RD BOYNTON BEACH, FL 33437	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEIGHTON, SUSAN 10982 DENOEU RD BOYNTON BEACH, FL 33437	
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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: <u>Sue Leight</u> 2-17-06 561-752-3261 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		