


FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90151 023 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M85298			
1. Entity Name PARAMOUNT PROMOTIONS, INC.			
Principal Place of Business 424 WOOD PARK WAY SUITE 206 LONGWOOD, FL 32779 US		Mailing Address 424 WOOD PARK WAY SUITE 206 LONGWOOD, FL 32779 US	
2. Principal Place of Business 3546 Compass Rose Drive East Suite, Apt. #, etc.		3. Mailing Address 3546 Compass Rose Drive East Suite, Apt. #, etc.	
City & State Jacksonville, FL Zip 32216 Country US		City & State Jacksonville, FL Zip 32216 Country US	
4. FEI Number 59-2891099		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCARDLE, LYNNE D 2272 BENT OAK DR APOPKA, FL 32712		7. Name and Address of New Registered Agent Name McArdle, Lynne D Street Address (P.O. Box Number is Not Acceptable) 3546 Compass Rose Drive East City Jacksonville FL Zip Code 32216	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MCARDLE, LYNNE D 424 WOOD PARK WAY, SUITE 206 LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3546 Compass Rose Drive East Jacksonville, FL 32216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Treasurer McArdle, Lynne D. 3546 Compass Rose Drive East Jacksonville, FL 32216
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
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 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: <u>Lynne D. McArdle President</u>		Date <u>04-21-05</u> Daytime Phone # <u>904-731-2525</u>	