2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# N02000006537

Entity Name: MIDNIGHT SUN PROMOTIONS INC

Current Principal Place of Business:

214 E ORANGE AVENUE
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

214 E ORANGE AVENUE
FORT PIERCE, FL 34950 US

New Mailing Address:

FEI Number: 45-0488035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILKINS, BARBARA
214 E ORANGE AVENUE
FORT PIERCE, FL 34950 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HARDING, CONDELLE
Address: 2887 SE MERRITT TERRACE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: VT ( ) Delete
Name: THOMAS-BEY, DARRYL
Address: 1005 KENTUCKY AVENUE
City-St-Zip: FORT PIERCE, FL 34950

Title: ST (X) Delete
Name: HALLMARK, SANNA
Address: 209 SW AIRVIEW AVENUE
City-St-Zip: PORT ST LUCIE, FL 34984

Title: TD (X) Delete
Name: WILKINS, BARBARA
Address: 2700 N A1A #303
City-St-Zip: FORT PIERCE, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S (X) Change ( ) Addition
Name: HARDING, CONDELLE
Address: 2887 SE MERRITT TERRACE
City-St-Zip: PORT ST LUCIE, FL 34952

Title: VP,T (X) Change ( ) Addition
Name: WILKINS, BARBARA
Address: 2700 N A1A #303
City-St-Zip: FORT PIERCE, FL 34949

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA WILKINS VP,T 04/17/2006

Electronic Signature of Signing Officer or Director — Date