2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004517

Entity Name: PROMISES INC

FILED Aug 19, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7724 SENJILL CT 293 DAMRON AVE ORLANDO, FL 32818 HOLLY HILL, FL 32117

Current Mailing Address: New Mailing Address:

PO BOX 843 PO BOX 731932

CLARCONA, FL 327100843 ORMOND BEACH, FL 32173 US

FEI Number: 20-2687420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ROUNDTREE, TAMARA
7724 SENJILL CT
ORLANDO, FL 32818 US
ROUNDTREE, TAMARA
293 DAMRON AVE
HOLLY HILL, FL 32117 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: TAMARA ROUNDTREE 08/19/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOP () Delete Title: CEOP (X) Change () Addition Name: ROUNDTREE, TAMARA Name: ROUNDTREE, TAMARA

 Address:
 7724 SENJILL CT
 Address:
 293 DAMRON AVE

 City-St-Zip:
 ORLANDO, FL 32818
 City-St-Zip:
 HOLLY HILL, FL 32117

Title: D () Delete Title: VP (X) Change () Addition Name: ROUNDTREE, TAMARA Name: MOTEN, MAJOR

 Name:
 ROUNDTREE, TAMARA
 Name:
 MOTEN, MAJOR

 Address:
 7724 SENJILL CT
 Address:
 1376 JARECKI AVE

 City-St-Zip:
 ORLANDO, FL 32818
 City-St-Zip:
 HOLLY HILL, FL 32117

Title: SD () Delete Title: () Change () Addition

Name: JONES, CARLA Name:
Address: PO BOX 843 Address:

City-St-Zip: CLARCONA, FL 327100843 City-St-Zip:

Title: TD () Delete Title: () Change () Addition Name: JONES, JAN Name:

 Address:
 PO BOX 843
 Address:

 City-St-Zip:
 CLARCONA, FL 32710
 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: TAMARA ROUNDTREE CEOP 08/19/2006