

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004517

FILED
Feb 15, 2007
Secretary of State

Entity Name: PROMISES INC

Current Principal Place of Business:

293 DAMRON AVE
HOLLY HILL, FL 32117

New Principal Place of Business:

Current Mailing Address:

PO BOX 731932
ORMOND BEACH, FL 32173 US

New Mailing Address:

FEI Number: 20-2687420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROUNDTREE, TAMARA
293 DAMRON AVE
HOLLY HILL, FL 32117 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: CEO () Delete
Name: ROUNDTREE, TAMARA
Address: 293 DAMRON AVE
City-St-Zip: HOLLY HILL, FL 32117

Title: VP () Delete
Name: MOTEN, MAJOR
Address: 1376 JARECKI AVE
City-St-Zip: HOLLY HILL, FL 32117

Title: SD () Delete
Name: JONES, CARLA
Address: PO BOX 843
City-St-Zip: CLARCONA, FL 327100843

Title: TD () Delete
Name: JONES, JAN
Address: PO BOX 843
City-St-Zip: CLARCONA, FL 32710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: WALKER, MARY L
Address: PO BOX 731932
City-St-Zip: ORMOND BEACH, FL 32173

Title: SD (X) Change () Addition
Name: PRUDE, SHAN L
Address: PO BOX 731932
City-St-Zip: ORMOND BEACH, FL 32173

Title: TD-F (X) Change () Addition
Name: SINCERELY YOURS, (SU, BSIDIARY)
Address: MASON/NOVA PLAZA
City-St-Zip: HOLY HILL, FL 32117

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

02/15/2007

Electronic Signature of Signing Officer or Director

Date