2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P01000016374

1. Entity Name

FAR FROM BORING PROMOTIONS, INC.



FILED Mar 06, 2006 08:00 AM Secretary of State

Principal Place of Business

7255 VIA PALOMAR BOCA RATON, FL 33433 Mailing Address

7255 VIA PALOMAR BOCA RATON, FL 33433



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01272008	No Chg-P	CR2E034 (11/05)			
4. FEI Numbe 65-1081			Applied For Not Applicate		

5. Certificate of Status Desired

\$8.75 Additional Fee Required

STILLMAN, DAVID 7255 VIA PALOMAR BOCA RATON, FL 33433

## DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the gions of registered agent.	ourpose of changing its reg	ristered offi	ce or r	egistered agent, or b	oth, in the State of Florida. I am lamiliar with, and acce
SIGNATURE	Signature, typed or printed name of registered agent and life	if applicable (NQTE: Re	gistered Agent	signature	required when reinstaling)	DATE
Fil. After Ma	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Trust Fund Contribu			\$5.00 May Be Added to Fees	
10,	OFFICERS AND DIRECT	CTORS		,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STILLMAN, DAVID 7255 VIA PALOMAR BOCA RATON, FL 33433			:		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					•	.000000457420 03/17/06 80003-022 150. <b>0</b> 0
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			:		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· -		ľ	,		
Title Name Street address City-St-Zip				;		
12 Thereby o	certify that the information supplied with this f	iling does not qualify for th	e exemptio	ne cár	stained in Chanter 1	19 Florida Statutas I further certify that the information

12. I hereby certify that the information supplied with this filling 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 507, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Pres. DAVID STILLINGA

6 06 561-994-60