## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 07, 2005 08:00 AM Secretary of State

1. Entity Name 4 D MARKETING & PROMOTIONS, INC.					D'	ccictai	y or Stat
Principal Place 2131 RIDGE BLDG U #11 LARGO, FL	RD SO	Mailing Address 2131 RIDGE RD SO. BLDG U #119 LARGO, FL 33778					
		Tel 12 (1997)	· · · · · · · · · · · · · · · · · · ·				
DO NOT WRITE IN THIS SPA			~~	0117200	5 No Chg-P	CR2E034 (1	10/03)
			CE	4. FEI Nun			Applied For
				59-37	737887		Not Applicable
{				5. Certifica	te of Status Desired		75 Additional Required
Name and Address of Current Registered Agent					The state of the s		يمية برهوم في
JACOBSEN, TARA 2131 RIDGE RD SO., BLDG. 119 LARGO, FL 33778			DO NOT WRITE IN THIS SPACE				
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							
Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOWIS FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.				\$5.00 May Be Added to Fees	}		
10.	OFFICERS AND DIR	ECTORS				And the second	. بچيو د څ د
TITLE NAME	PD JACOBSEN, TARA L	A IMIL					* ** .
STREET ADDRESS CITY-ST-ZIP	2131 RIDGE RD SO., BLDG. 119 LARGO, FL 33778				02/08/05	10219722 1-80039-00	4 150.00
TITLE NAME			<b></b>			<del></del>	

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information indicated on this report or supplemental report by 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 employed 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 employered.

SIGNATURE SHULL HUCOSA

2/4/05

727-698-5867

Daytime Phone \*