2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2006 8:00 am Secretary of State **DOCUMENT # P01000092661** 04-26-2006 90197 037 ***158.75 TSX PROMOTIONS INC Principal Place of Business Mailing Address 6992 LISMORE AVE 6992 LISMORE AVE BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437 2. Principal Place of Business 3. Mailing Address Suite. Apt. #. etc. Suite, Apt. #, etc. CR2E034 (11/05) 04212006 Chg-P Applied For 4. FEI Number City & State City & State 65-1141847 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired ন্ত Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KAPUSTEIN, WALTER P Street Address (P.O. Box Number is Not Acceptable) 6992 LISMORE AVE BOYNTON BEACH, FL 33437 City Zip Code 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD Change ☐ Addition TITLE ☐ Delete TITLE KAPUSTEIN, IRIS NAME NAME 6992 LISMORE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH, FL 33437 ☐ Delete TITLE Change Addition TITLE NAME KAPUSTEIN, WALTER P NAME STREET ADDRESS 6992 LISMORE AVE STREET ADORESS BOYNTON BEACH, FL 33437 CITY-ST-ZIP COY-ST-ZIP KAPUSTEIN, ROBIN TAChange ☐ Delete ■ Addition TITLE TITLE KAPUSTGIN, ROBIN T NAME NAME 6 CAMOEN LANE STREET ADDRESS STREET ADDRESS BOYNTON BEACH, FL 33426 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE KAPUSTGIN, HOWARD S NAME NAME STREET ADDRESS 3925 FORT TRAIL N.E. STREET ADDRESS ROSWELL, GA 30075 CITY-ST-7IP C/TY-ST-7/P Delete ☐ Change ■ Addition TITLE KAPUSTGIN, KIMBERLY NAME STREET ADDRESS 3925 FORT TRAIL N.F. STREET ADDRESS CITY-ST-ZIP ROSWELL, GA 30075 CITY-ST-ZIP TITLE ☐ Delete nn £ ☐ Change Addition

FILED

12. I hereby certify that the information supplied with this filing 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 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 empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

CTY-ST-7P

SIGNATURE: Was	ur Kas	WALTER P KAPUSTEIN	4-21-06	561-364-2516
SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFIC		IGNING OFFICER OR DIRECTOR	Date	Daytime Phone #