
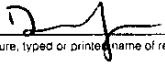
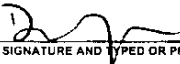


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90193 043 \*\*\*158.75

<b>DOCUMENT # P02000003978</b>						
<b>1. Entity Name</b> EXPOSED PR AND SALES, INC.						
<b>Principal Place of Business</b> 18745 SE FED HWY JUPITER, FL 33469			<b>Mailing Address</b> 18745 SE FED HWY JUPITER, FL 33469			
<b>2. Principal Place of Business - No P.O. Box #</b> 416 Clematis St.		<b>3. Mailing Address</b> 416 Clematis St.				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
<b>City &amp; State</b> West Palm Beach, FL		<b>City &amp; State</b> West Palm Beach, FL		<b>4. FEI Number</b> 02-0539279		
<b>Zip</b> 33401		<b>Country</b>		<b>Applied For</b> Not Applicable		
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02202007    Chg-P    CR2E034 (12/06)		
<b>6. Name and Address of Current Registered Agent</b> RUBENFELD, DAREN ESQ 18745 SE FED HWY TEQUESTA, FL 33469			<b>7. Name and Address of New Registered Agent</b> Name: Rubinfeld, Daren Street Address (P.O. Box Number is Not Acceptable): 416 Clematis St. City: West Palm Beach    FL    Zip Code: 33401			
<b>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.</b>						
<b>SIGNATURE</b> 				<b>4/10/07</b> DATE		
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> P	<b>NAME</b> MILLER, HOLLY A		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 240 CENTRE ST APT. 4G	<b>CITY-ST-ZIP</b> NEW YORK, NY 10013			<b>NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> EVP	<b>NAME</b> RUBENFELD, DAREN		<input type="checkbox"/> Delete	<b>NAME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 18745 SE FEDERAL HWY	<b>CITY-ST-ZIP</b> TEQUESTA, FL 33469			<b>STREET ADDRESS</b>	416 Clematis St. West Palm Beach, FL 33401	
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>						
<b>SIGNATURE:</b> 				<b>4/10/07</b> Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						