

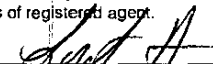
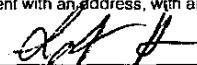


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90016 020 ***158.75

DOCUMENT # P02000041991 1. Entity Name PROMOTIONAL RESEARCH, INC.					
Principal Place of Business 336 WILLIAMS AVE DAYTONA BCH, FL 32118			Mailing Address PO BOX 11183 DAYTONA BEACH, FL 32120		
2. Principal Place of Business 400 S. Atlantic Ave Suite, Apt. #, etc. Suite 114		3. Mailing Address Suite, Apt. #, etc. 		54069481 	
City & State Ormond Beach, FL		City & State 		4. FEI Number 02-0601540	
Zip 32176		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARTHUR, LORETTA 336 WILLIAMS AVE DAYTONA BCH, FL 32118				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 400 S. Atlantic Ave. Suite 114 City Ormond Beach FL Zip Code 32176	
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  Loretta Arthur DATE 8-18-04 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ARTHUR, LORETTA 336 WILLIAMS AVE DAYTONA BCH, FL 32118	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE:  Loretta Arthur DATE 8-18-04 DAYTIME PHONE # 386-527-2230 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					