## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Secretary of State DOCUMENT # P02000096508 03-19-2007 90094 029 \*\*\*150.00 2VHL PROMOTIONS, INC. Principal Place of Business Mailing Address 6311 BURTS RD. 6311 BURTS RD. TAMPA, FL 33619 TAMPA, FL 33619 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03012007 Chg-P CR2E034 (12/06) Applied For 4. FFI Number City & State City & State 30-0108696 Not Applicable \$8.75 Additional Žip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VARNADORE, AL Street Address (P.O. Box Number is Not Acceptable) 8759 BARCIN CIRCLE RIVERVIEW, FL 33569 Zip Code City 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 (NQTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!II FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TIT1 F ☐ Change ☐ Addition TITLE VARNADORE, AL NAME NAME STREET ADDRESS 8759 BARCIN CIRCLE STREET ADDRESS RIVERVIEW, FL 33569 CITY+ST-ZIP CITY-ST-ZIP VD Change ☐ Addition ☐ Delete TITLE TITLE NAME HUTTO, TODD Hutto Topo 10015 Prevatt St 201 ESSARY ST STREET ADDRESS STREET ADDRESS CITY - ST - ZIP Gibsonton 71 33531 CITY-ST-ZIP AUBURNDALE, FL 33823 ☐ Change ☐ Addition TITLE TITLE ☐ Delete VARNADORE, DEAN NAME STREET ADDRESS 3216 S FORBES RD STREET ADDRESS CITY-ST-78P CITY-ST-ZIP DOVER, FL 33527 Change ☐ Addition ☐ Delete TITLE TITLE Dezarn, Mike U311 Burts Rd Tampa, 31 33619 DAZZARRI, MIKE NAME NAME STREET ADDRESS **6311 BURTS RD** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33619 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P

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.

SIGNATURE: 9

March 6,2007

FILED Mar 19, 2007 8:00 am