

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90006 046 ***550.00

| | | | |
|--|--|---|--|
| DOCUMENT # P03000032569 1. Entity Name PROGRESSIVE BASICS PROMOTIONS, INC. | | | |
| Principal Place of Business 1855 WELLS ROAD, SUITE 8 JACKSONVILLE, FL 32073 | | Mailing Address 1855 WELLS ROAD, SUITE 8 JACKSONVILLE, FL 32073 | |
| 2. Principal Place of Business 1536 Kingsley Ave. Suite, Apt. #, etc. Suite 128 City & State Orange Park, FL Zip 32073 | | 3. Mailing Address 1536 Kingsley Ave. Suite, Apt. #, etc. Suite 128 City & State Orange Park, FL Zip 32073 | |
| | | | |
| | | 07072006 Chg-P CR2E034 (11/05) | |
| 4. FEI Number NOT APPLICABLE | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent AKEL, DANIEL D ONE INDEPENDENT DRIVE, SUITE 2301 JACKSONVILLE, FL 32202 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DEESE, TIMOTHY 1855 WELLS ROAD, SUITE 8 JACKSONVILLE, FL 32073 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D DEESE, Timothy 1536 Kingsley Ave. Suite 128 Orange Park, FL 32073 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <u>Timothy Deese</u> | | 7-20-06 904-264-7408 | |
| <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)</small> | | <small>Date Daytime Phone #</small> | |