


2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
Jul 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # P03000039932
1. Entity Name
ROYAL PROMOTIONS & MARKETING GROUP, INC.



Principal Place of Business
5835 MEMORIAL HWY STE 14
TAMPA, FL 33615

Mailing Address
5835 MEMORIAL HWY STE 14
TAMPA, FL 33615



07052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 91-2192661	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TAYLOR, TED
5835 MEMORIAL HWY STE 14
TAMPA, FL 33615

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT TAYLOR, TED 5835 MEMORIAL HWY STE 14 TAMPA, FL 33615
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MACPHERSON, KIMBERLY 5835 MEMORIAL HWY STE 14 TAMPA, FL 33615
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07/10/06-80005-013 150.00

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TED M. TAYLOR** Date **6-30-06** Daytime Phone # **813-745-8098**