


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 14, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90201 022 \*\*\*150.00

<b>DOCUMENT # P04000074030</b>			
1. Entity Name TMT PROMOTIONS, INC			
Principal Place of Business 14100 US HWY N SUITE 118 CLEARWATER, FL 33764		Mailing Address 14100 US HWY N SUITE 118 CLEARWATER, FL 33764	
2. Principal Place of Business 4950 Park Blvd		3. Mailing Address 4950 Park Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pinellas Park, FL		City & State Pinellas Park, FL	
Zip 33781		Zip 33781	
Country USA		Country USA	
4. FEI Number 20-1106504		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, DEBORAH E 14100 US HWY 19N SUITE 118 CLEARWATER, FL 33764		7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) 4950 Park Blvd City Pinellas Park, FL Zip Code 33781	
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 reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		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	P TAYLOR, DEBORAH E 14100 US HWY 19 N SUITE 118 CLEARWATER, FL 33764 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Deborah Taylor 4950 Park Blvd Pinellas Park, FL 33781 <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	President Bobby T. CARPENTER 4950 Park Blvd Pinellas Park, FL 33781 <input type="checkbox"/> Change <input checked="" 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
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
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
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
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 <u>Deborah Taylor</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/28/2005</u> Daytime Phone # <u>727 532-0266</u>	