2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P05000066834

Entity Name: JOE PROMO, INC.

Current Principal Place of Business:

12489 SAN JOSE BLVD SUITE 1
JACKSONVILLE, FL 32223

New Principal Place of Business:

105 TERN TRACE CT
JACKSONVILLE, FL 32259

Current Mailing Address:

PO BOX 600520
JACKSONVILLE, FL 32260

New Mailing Address:

105 TERN TRACE CT
JACKSONVILLE, FL 32259

FEI Number: 20-2739612 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOWNEY, KEVIN I
2631-B NW 41ST STREET
GAINESVILLE, FL 32606 US

Name and Address of New Registered Agent:

PEARE, WILLIAM
105 TERN TRACE CT
JACKSONVILLE, FL 32259 US

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.

SIGNATURE: WILLIAM PEARE 04/28/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: PEARE, WILLIAM
Address: 105 TERN TRACE COURT
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: SECR (X) Delete
Name: PRADELLA, ROBERT
Address: 1829 AUTUMN BROOK LANE
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: TREA (X) Delete
Name: ROSENBERG, OWEN
Address: 104 SHADY OAK LANE
City-St-Zip: PALATKA, FL 32177 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM PEARE PRES 04/28/2009
Electronic Signature of Signing Officer or Director Date