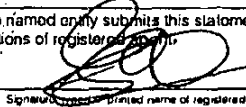
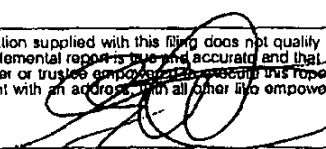


2007 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 31, 2007 8:00 am
Secretary of State

05-02-2007 90039 028 ***150.00

DOCUMENT # P06000006578 1. Entity Name STREET LACED MARKETING & PROMOTIONS, INC.					
Principal Place of Business 1705 LARABIE CT BRANDON FL 33511 US			Mailing Address 1705 LARABIE CT BRANDON FL 33511 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 14-1947138	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POTTS, BLAISE 1705 LARABIE CT BRANDON FL 33511				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.				DATE 4/21/07	
SIGNATURE  Signature of current registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)				9. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution ☐	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P POTTS, BLAISE 1705 LARABIE CT BRANDON FL 33511	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WOLF, GREGORY 1705 LARABIE CT BRANDON FL 33511	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WOLF, GREGORY 1705 LARABIE CT BRANDON FL 33511	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T POTTS, BLAISE 1705 LARABIE CT BRANDON FL 33511	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	(Empty)	☐ Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 prepare 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 info empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 4/21/07		
DAYTIME PHONE 813-766-8381			(Empty)		

66017443

1st MOORE CR2E034 (10/06)

Applied For
Not Applicable

FL Zip Code

4/21/07

5.00 May Be Added to Fees

Change Addition

Change Addition

Change Addition

Change Addition

813-766-8381