2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # P06000127841 04-30-2007 90840 017 ***150.00 FLORIDA PROMOTION AND SUPPLY, INC. Principal Place of Business Mailing Address 40093160 1910 NADINE CT. # 102 1910 NADINE CT. # 102 WESLEY CHAPEL, FL 33543 WESLEY CHAPEL, FL 33543 2. Principal Place of Business - No P.O. Box # 3. Mailing Address ONG TAMPA CITY CENTER ONE TAMILA CITY CENTER Suite, Apt. #, etc. Suite, Apt. #, etc. 04062007 CR2E034 (12/06) Chg-P SUITE SUITE_ **3202** 4. FEI Number City & State Applied For City & State TAMPA FL TAMPA 20-5793754 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA 33602 USA Fee Required 3360 Z 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PUNWANT AMEET PUNWANI, AMEET A Street Address (P.O. Box Number is Not Acceptable) 1910 NADINE CT. # 102 TAMIPA CITY ONE WESLEY CHAPEL, FL 33543 SUITE 2505 Zip Code ANIPA 33602 wething this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity the obligations of regi Amect Hunu jaru d agent and title if applicable (NOTE: Registered Agent signature required of registe 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE ☐ Delete TITLE Addition NAME PUNWANI AMEET A NAME Ste 2505 TAMPA City Center STREET ADDRESS 1910 NADINE CT. # 102 STREET ADDRESS WESLEY CHAPEL, FL 33543 CITY-ST-71P CITY-ST-ZIP TAMPA, E 33602 Addition Delete Change TITLE TITLE VΡ Naresh Motiani I TAMPA City Center Ste 2505 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPAIFL 33602 ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition MARKE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 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 rue 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. Ameet A Knowni

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