


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90176 035 \*\*\*150.00

<b>DOCUMENT # P06000131317</b>	
1. Entity Name <b>GUTTA PROMOTIONS, INC.</b>	

Principal Place of Business <b>2216 PINE PARK TRAIL, APT 2725 ORLANDO, FL 32817</b>	Mailing Address <b>2216 PINE PARK TRAIL, APT 2725 ORLANDO, FL 32817</b>
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2. Principal Place of Business - No P.O. Box # <b>6649 Doubletrace Ln</b>	3. Mailing Address <b>6649 Doubletrace Ln</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

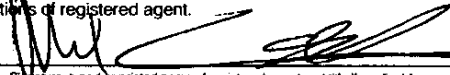
City & State <b>ORLANDO FL</b>	City & State <b>orlando FL</b>
Zip <b>32819</b>	Zip <b>32819</b>
Country	Country



04292008 Chg-P CR2E034 (12/06)

4. FEI Number <b>38-3744437</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>FRASER, RAY 2216 PINE PARK TRAIL, APT 2725 ORLANDO, FL 32817</b>		7. Name and Address of New Registered Agent Name <b>ALEX CARRASQUILLO</b> Street Address (P.O. Box Number is Not Acceptable) <b>6649 DOUBLETRACE LN</b> City <b>ORLANDO</b> FL Zip Code <b>32819</b>

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  DATE **4/28/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D JAMES, KENNETH JR. 8124 LAUREL DRIVE ORLANDO, FL 32819</b> <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	<b>D FRASER, RAY 2216 PINE PARK TRAIL, APT 2725 ORLANDO, FL 32817</b> <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	<b>D CARRASQUILLO, ALEX 6649 DOUBLETRACE LN ORLANDO, FL 32819</b> <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 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:  DATE **4/28/09** DAYTIME PHONE # **407-354-5753**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR