


FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90021 005 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P07000018424			
1. Entity Name PRINTING & PROMOTIONAL PARTNERS INC			
Principal Place of Business 1260 S. MCDUFF AVENUE SUITE 2 JACKSONVILLE, FL 32205 US		Mailing Address 1260 S. MCDUFF AVENUE SUITE 2 JACKSONVILLE, FL 32205 US	
2. Principal Place of Business - No P.O. Box # 444 Park Street		3. Mailing Address 444 Park Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Jacksonville, FL		City & State Jacksonville, FL	
Zip 32204 USA		Zip Country 32204 USA	
6. Name and Address of Current Registered Agent O'KEEFE, DREW S 14788 FERN HAMMOCK DRIVE JACKSONVILLE, FL 33258		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, JENNIFER V 4357 VERONA AVE JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VALLE, GIL B 4475 STANSBURY AVE SHERMIN OAKS, CA 91423 <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
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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: 1-23-08 Daytime Phone #: 904-358-2802	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

40014100



01212008 Chg-P CR2E034 (12/06)

4. FEI Number **20-8430127** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required