2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000076205

Entity Name: GMP PROMOTIONS, INC.

6379 PIEDMONT DRIVE

SPRING HILL, FL 34606 US

Address:

City-St-Zip:

FILED Apr 27, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	BREY AVENUE HILL, FL 34610	JS	5235 DEESON ROAD LAKELAND, FL 33810	US	
Current N	lailing Address:		New Mailing Address	:	
P.O. BOX KATHLEE	313 N, FL 33849 US	6	5235 DEESON ROAD LAKELAND, FL 33810	US	
FEI Number	: 26-1072841 FI	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
The above	SON ROAD D, FL 33810 US		purpose of changing its registered	office or registered agent, or both,	
SIGNATU					
010147 (101		ignature of Registered Ag	ent	Date	
Election Car	mpaign Financing Tru	st Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Dele CLEARY, WILLIAM I 6379 PIEDMONT DE SPRING HILL, FL 3	M RIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Dele GECKER, SHELDON 5235 DEESON ROA LAKELAND, FL 338	D 1 J	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Dele GECKER, LISA M 5235 DEESON ROA LAKELAND, FL 338	D	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S () Dele CLEARY, LORI A	ete	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: LISA M GECKER T 04/27/2008