
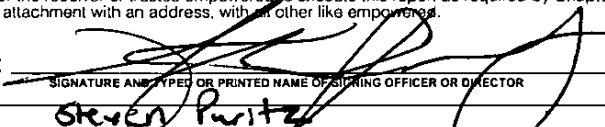


2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000129475 1. Entity Name P3 PUBLIC RELATIONS, INC.						FILED 08 FEB 13 AM 9:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 215 S MONROE STREET SECOND FLOOR TALLAHASSEE, FL 32301				Mailing Address 215 S MONROE STREET SECOND FLOOR TALLAHASSEE, FL 32301			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BRANNEN, J. BRECK 215 S MONROE STREET SECOND FLOOR TALLAHASSEE, FL 32301				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.				SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D DELEGAL, MARK K 215 S MONROE ST, 2ND FLR TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete				TITLE NAME STREET ADDRESS CITY-ST-ZIP 300119107723 02/29/08--01012--012 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP D DUNBAR, MARC W 215 S MONROE ST, 2ND FLR TALLAHASSEE, FL 32301 <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 DS BRANNEN, J. BRECK W 215 S MONROE ST, 2ND FLR TALLAHASSEE, FL 32301 <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 D NEWMAN, BRIAN 215 S MONROE ST, 2ND FLR TALLAHASSEE, FL 32301 <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 D PURITZ, STEVEN M 215 S MONROE ST, 2ND FLR TALLAHASSEE, FL 32301 <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 D RODENBERRY, STEVE 215 S MONROE ST, 2ND FLR TALLAHASSEE, FL 32301 <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 or other like empowerment.							
SIGNATURE:  2/8/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							

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