2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# P08000065003

Entity Name: PROMO PROFESSORS PRINTING COMPANY

Current Principal Place of Business:

6900 SW 21ST COURT
SUITE 15
DAVIE, FL 33317

New Principal Place of Business:

Current Mailing Address:

6900 SW 21ST COURT
SUITE 15
DAVIE, FL 33317

New Mailing Address:

FEI Number: 26-2945374 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROLNICK, HERBERT H
9734 W. SAMPLE ROAD
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

AXINN, JOSEPH S
15120 MEADHAVEN STREET
DAVIE, FL 33331 US

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.

SIGNATURE: JOSEPH AXINN 03/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: AXINN, JOSEPH
Address: 6900 SW 21ST COURT
City-St-Zip: DAVIE, FL 33317

Title: VP ( ) Delete
Name: AXINN, SANDRA R
Address: 6900 SW 21ST COURT
City-St-Zip: DAVIE, FL 33317

Title: S/T ( ) Delete
Name: AXINN, SANDRA R
Address: 6900 SW 21ST COURT
City-St-Zip: DAVIE, FL 33317

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: AXINN, JOSEPH J JOSEPH
Address: 15120 MEADHAVEN STREET
City-St-Zip: DAVIE, FL 33331

Title: VP (X) Change ( ) Addition
Name: AXINN, SANDRA R
Address: 15120 MEADHAVEN STREET
City-St-Zip: DAVIE, FL 33331

Title: S/T (X) Change ( ) Addition
Name: AXINN, SANDRA R
Address: 15120 MEADHAVEN STREET
City-St-Zip: DAVIE, FL 33331

Title: VP ( ) Change (X) Addition
Name: CRESCENZO, DIANA M
Address: 4600 VAN BUREN STREET
City-St-Zip: HOLLYWOOD, FL 33021 US

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.

SIGNATURE: JOSEPH S. AXINN P 03/30/2009
Electronic Signature of Signing Officer or Director Date