

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90026 002 \*\*\*150.00

<b>DOCUMENT # P93000000827</b>					
<b>1. Entity Name</b> SAMPLING, EVENTS & PROMOTIONS, INC.					
<b>Principal Place of Business</b> 4482 LORRAINE AVE NAPLES, FL 34104-4770 US			<b>Mailing Address</b> 4482 LORRAINE AVE NAPLES, FL 34104-4770 US		
<b>2. Principal Place of Business - No P.O. Box #</b> 949 Avon Rd		<b>3. Mailing Address</b> 949 Avon Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152008    Chg-P    CR2E034 (12/06)	
<b>City &amp; State</b> Winston-Salem, NC		<b>City &amp; State</b> Winston-Salem, NC		<b>4. FEI Number</b> 65-0381070	
<b>Zip</b> 27104		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				<b>6. Name and Address of Current Registered Agent</b>	
PENSINGER, SHEILA E 4482 LORRAINE AVE NAPLES, FL 34104-4770				<b>7. Name and Address of New Registered Agent</b>	
Name Larry Parker				Street Address (P.O. Box Number is Not Acceptable) 3078 N Tamiami Trail #200	
City Naples				FL    Zip Code 34103	
<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.</b>					
SIGNATURE:     (NOTE: Registered Agent signature required when reinstating)    DATE: 1/15/08					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete PENSINGER, SHEILA E 4482 LORRAINE AVE NAPLES, FL 341044770				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Pensinger, Sheila E 949 Avon Rd Winston-Salem, NC 27104				
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"/> Change <input type="checkbox"/> Addition				
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"/> Change <input type="checkbox"/> Addition				
<b>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.</b>					
<b>SIGNATURE:</b> 1/29/08    336-722-8229					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					