FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
PRESENTATION OF STATE
CERTIFICATIONS

DOCUMENT # **P94000011863 (5)**

1. Corporate Name
PINKIES PROMOTIONS, INC.

Principal Place of Business	Mailing Address
1712 OCEAN SHORE BLVD. SUITE 1 ORMOND BEACH FL 32176	1712 OCEAN SHORE BLVD. SUITE 1 ORMOND BEACH FL 32176

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/09/1994**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 **207 PINE CONE TRAIL**	26 **207 PINE CONE TRAIL**
22 Suite Apt # etc	27 Suite Apt # etc
23 **ORMOND BCH., FL.**	28 **ORMOND BCH., FL.**
24 **32174**	29 **32174**
25 Country **U.S.A.**	30 Country **U.S.A.**

4. FEI Number: **59-3314680** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. The corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MONTGOMERY, AMY
1712 OCEAN SHORE BLVD.
SUITE 1
ORMOND BEACH FL 32176

10. Name and Address of New Registered Agent

81 Name: **AMY MONTGOMERY**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **207 PINE CONE TRAIL**
84 City **ORMOND BCH.** FL 85 Zip Code **32174**

11. Pursuant to the provisions of Sections 607.0505 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] May 29, 1995
(Corporation Officer's certified name and registered agent's signature required) (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	11 TITLE	PSTDVCM ☒ Change ☐ Addition
NAME	MONTGOMERY, AMY	12 NAME	MONTGOMERY, AMY
STREET ADDRESS	1712 OCEAN SHORE BLVD.	13 STREET ADDRESS	207 PINE CONE TRAIL
CITY ST ZIP	ORMOND BEACH FL 32176	14 CITY ST ZIP	ORMOND BCH. FL 32174
TITLE		21 TITLE	☐ Change ☐ Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY ST ZIP		24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: [signature] Amy Montgomery May 29, 1995 904-673-4403
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING OF EACH OFFICER OR DIRECTOR — Date — Daytime Phone #

0011170 CP