


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2005 8:00 am
Secretary of State

05-09-2005 90281 010 ***150.00

DOCUMENT # P98000040382	
1. Entity Name POWER PROMOTIONS, INC.	

Principal Place of Business THE TRANS CONTINENTAL BUILDING 127 WEST CHURCH ST #350 ORLANDO, FL 32801 US	Mailing Address 100 BALMORAL COURT DEBARY, FL 32713 US
---	--

14017141



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 260 EAGLE ESTATES Dr. Suite, Apt. #, etc.
City & State DEBARY FL	City & State DEBARY FL
Zip 32713	Country US

05062005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent FALLICK, THOMAS 100 BALMORAL CT. DEBARY, FL 32713	7. Name and Address of New Registered Agent Name FALLICK, THOMAS Street Address (P.O. Box Number is Not Applicable) 260 EAGLE ESTATES DRIVE City DEBARY FL 32713
---	--

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 **THOMAS FALLICK** *Thomas Fallick* **5/6/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	--	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALLICK, THOMAS <input type="checkbox"/> Delete 1701 PARK CENTER DRIVE #350 ORLANDO, FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FALLICK, THOMAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 127 West Church Street #350 ORLANDO, FL. 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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	<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 exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: *Thomas Fallick* **5/6/05** **407-230-8859**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #