

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000100898

**FILED**  
**Apr 02, 2011**  
**Secretary of State**

**Entity Name:** PROMOTIONS 2000 PLUS, INC.

**Current Principal Place of Business:**

229 AIRPORT ROAD  
STE. 7-PMB 102  
ARDEN, NC 28704

**New Principal Place of Business:**

**Current Mailing Address:**

229 AIRPORT ROAD  
STE. 7-PMB 102  
ARDEN, NC 28704

**New Mailing Address:**

**FEI Number:** 65-0967354

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TEGER, SIDNEY CPA  
1720 HARRISON STREET  
STE. 7B  
HOLLYWOOD, FL 33020 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: LARSEN, ROSA M  
Address: 229 AIRPORT ROAD, STE. 7-PMB 102  
City-St-Zip: ARDEN, NC 28704

Title: P  
Name: LARSEN, MICHAEL J  
Address: 229 AIRPORT ROAD STE. 7-PMB 102  
City-St-Zip: ARDEN, NC 28704

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL J. LARSEN

P

04/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date