


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90149 020 \*\*\*150.00

<b>DOCUMENT # P99000108081</b>	
1. Entity Name <b>RETAIL PROMOTIONS INCORPORATED</b>	

Principal Place of Business <b>4549-G TAMiami TRAIL PORT CHARLOTTE, FL 33980</b>	Mailing Address <b>4549-G TAMiami TRAIL PORT CHARLOTTE, FL 33980</b>
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2. Principal Place of Business <b>2401-C TAMiami TRAIL</b> Suite, Apt. #, etc. <b>C</b>	3. Mailing Address <b>P.O. Box 496308</b> Suite, Apt. #, etc.
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01242005 Chg-P CR2E034 (10/03)

City & State <b>PORT CHARLOTTE, FL.</b>	City & State <b>PORT CHARLOTTE, FL.</b>
Zip <b>33952</b>	Country <b>CHARLOTTE</b>
Zip <b>33949</b>	Country <b>CHARLOTTE</b>

4. FEI Number <b>65-0976743</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent <b>KORMANN, ROBERT W 4549-C TAMiami TRAIL PORT CHARLOTTE, FL 33980</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>2401-C TAMiami TRAIL</b> City <b>PORT CHARLOTTE</b> FL Zip Code <b>33952</b>	

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PDC KORMAN, ROBERT W 4549-C TAMiami TRAIL PORT CHARLOTTE, FL 33980</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2401-C TAMiami TRAIL PORT CHARLOTTE, FL 33952</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTSD KORMANN, DEBORAH S 4549-C TAMiami TRAIL PORT CHARLOTTE, FL 33980</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2401-C TAMiami TRAIL PORT CHARLOTTE, FL 33952</b>
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: *Robert W. Korman* **ROBERT W. KORMAN** 03/17/05 941-624-5750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #