2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State
08-28-2006 90005 025 ***150.00

DOCUMENT # V31494

1. Entity Name
BUSINESS PROMOTION IDEAS OF FLA., INC.

Principal Place of Business	Mailing Address
222 US 1 SUITE 208 TEQUESTA, FL 33469 US	222 US 1 SUITE 208 TEQUESTA, FL 33469 US

50026626

07172006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
9031 SE LA CREEK CT	Same
Suite, Apt. #, etc. HOBE SOUND	Suite, Apt. #, etc. HOBE SOUND
City & State FLORIDA	City & State FLORIDA
Zip 33455 Country USA	Zip 33455 Country USA

4. FEI Number 65-0319591 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

TARRICONE, GINNY
222 US ONE
SUITE 208
TEQUESTA, FL 33469

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 Virginia Tarricone (Ginny) 8/8/06
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 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P TARRICONE, GINNY 222 U.S. ONE TEQUESTA, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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.

SIGNATURE: Virginia (Ginny) Tarricone 8/8/06 772-545-2355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #