


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # 432603
 1. Entity Name
 WORLD OF SOUND INC



Principal Place of Business Mailing Address
 12765 FOREST HILL BLVD. 12765 FOREST HILL BLVD.
 SUITE 1302 SUITE 1302
 WELLINGTON, FL 33414 US WELLINGTON, FL 33414 US



02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1519119** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DE MENDOZA, MARIO G III P.A.
 12765 FOREST HILL BLVD., SUITE 1302
 WELLINGTON, FL 33414

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------------|
| TITLE | PD |
| NAME | CINICOLO, JOHN |
| STREET ADDRESS | 12765 FOREST HILL BLVD., SUITE 1302 |
| CITY-ST-ZIP | WELLINGTON, FL 33414 |
| TITLE | VDT |
| NAME | CINICOLO, PETER |
| STREET ADDRESS | 12765 FOREST HILL BLVD., SUITE 1302 |
| CITY-ST-ZIP | WELLINGTON, FL 33414 |
| TITLE | S |
| NAME | CINICOLO, PETER |
| STREET ADDRESS | 12765 FOREST HILL BLVD., SUITE 1302 |
| CITY-ST-ZIP | WELLINGTON, FL 33414 |
| TITLE | AS |
| NAME | DE MENDOZA, MARIO G III |
| STREET ADDRESS | 12765 FOREST HILL BLVD., SUITE 1302 |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33414 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

100000502814
 04/25/06-80008-003 150.00
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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: John Cinicolo, Pres. Date: 4/3/06 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR