

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 14, 2006 08:00 AM**  
**Secretary of State**



<b>DOCUMENT # G36322</b>				<b>1. Entity Name</b>		<b>NASH &amp; ZULLO PRODUCTIONS, INC.</b>	
<b>Principal Place of Business</b>				<b>Mailing Address</b>			
P.O. BOX 6228 LAKE WORTH FL 33466				P.O. BOX 6228 LAKE WORTH FL 33466			
<b>2. Principal Place of Business</b>				<b>3. Mailing Address</b>			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
MUSGROVE, CHARLES W 2328 SOUTH CONGRESS AVENUE SUITE 1-D WEST PALM BEACH FL 33406				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	
<p><b>8.</b> 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.</p>							
SIGNATURE _____ DATE _____							
<p><b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2006 Fee Will Be \$550.00</b>  <b>Make Check Payable to Florida Department of State</b></p>							
<p><b>9. Election Campaign Financing</b> <b>\$5.00</b> May Be Added to Fees          Trust Fund Contribution. <input type="checkbox"/></p>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE	DTV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	ZULLO, ALLAN			NAME			
STREET ADDRESS	9 POPLAR FOREST ROAD			STREET ADDRESS			
CITY-ST-ZIP	FAIRVIEW, NC 28730			CITY-ST-ZIP			
TITLE	DSP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME	NASH, BRUCE			NAME	U00000434134		
STREET ADDRESS	4083 FARMDALE AVENUE			STREET ADDRESS	02/24/06-80046-014 150.00		
CITY-ST-ZIP	STUDIO CITY CA 91604			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add		
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

**12.** I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Allan Zullo **Allan Zullo, Vice President** **2-13-06 561-540-3670**