2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 04, 2006
Secretary of State

DOCUMENT# N01000007862

Entity Name: SWEPT AWAY MEDIA CORPORATION

Current Principal Place of Business:

4915 OXFORD CR
BOCA RATON, FL 33434

New Principal Place of Business:

Current Mailing Address:

4915 OXFORD CR
BOCA RATON, FL 33434

New Mailing Address:

FEI Number: 65-1154025 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RICH, DAVID L
513 N STATE RD 7
MARGATE, FL 33063 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: PD ( ) Delete
Name: RICH, NANCY
Address: 4915 OXFORD CR
City-St-Zip: BOCA RATON, FL 33434

Title: SD ( ) Delete
Name: MANSELL, LISA
Address: 513 N STATE RD 7
City-St-Zip: MARGATE, FL 33063

Title: TD ( ) Delete
Name: JOHNSON, RHONDA
Address: 513 N STATE RD 7
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete
Name: BROOKS, ILENE
Address: 513 N STATE RD 7
City-St-Zip: MARGATE, FL 33063

Title: D ( ) Delete
Name: MILLER, ADAM
Address: 513 N STATE RD 7
City-St-Zip: MARGATE, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: ZELIN, JANET
Address: 513 N STATE RD 7
City-St-Zip: MARGATE, FL 33063

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ILENE BROOKS D 06/04/2006
Electronic Signature of Signing Officer or Director — Date