

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90305 039 \*\*\*150.00

**2006 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

40070300



<b>DOCUMENT # P01000114306</b>			
1. Entity Name FILM FRAME ENTERTAINMENT, INC.			
Principal Place of Business 773 MAINSAIL DRIVE TAMPA, FL 33602		Mailing Address 4710 EISENHOWER BLVD #C-6 TAMPA, FL 33634	
2. Principal Place of Business 7502 SURREY PINES DR		3. Mailing Address 7502 SURREY PINES DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc. APOLLO BEACH	
City & State APOLLO BEACH FL		City & State FL	
Zip 33572		Country HULLSBOROUGH	
4. FEI Number 80-0021607		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EMERY, ROBERT J 4710 EISENHOWER BLVD., #C-6 TAMPA, FL 33634		7. Name and Address of New Registered Agent Name: Robert J. Emery Street Address (P.O. Box Number is Not Acceptable): 7502 SURREY PINES DR City: APOLLO BEACH FL Zip Code: 33572	
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: <i>Robert J. Emery</i> (NOTE: Registered Agent signature required when reinstating) DATE: 4/25/06			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P- EMERY, ROBERT J 4710 EISENHOWER BLVD., #C-6 TAMPA, FL 33634 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7502 Surrey Pines Dr APOLLO BEACH FL 33572
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST EMERY, SUSANNE 773 MAINSAIL DRIVE TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7502 Surrey Pines Dr APOLLO BEACH FL 33572
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 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: <i>Susanne Emery</i> SUSANNE EMERY		Date: 4/25/06 Daytime Phone #: 813-495-5821	