

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000130797

Entity Name: FLICKS, INC.

FILED
Apr 18, 2006
Secretary of State

Current Principal Place of Business:

8540 ARGYLE FOREST BLVD
SUITE 7
JACKSONVILLE, FL 32244

New Principal Place of Business:

Current Mailing Address:

88 RIBERIA STREET
SUITE 250
ST. AUGUSTINE, FL 32084

New Mailing Address:

FEI Number: 55-0809534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOPHAMER, LOIS L
88 RIBERIA STREET
SUITE 250
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

KOPHAMER, MAURICE S
88 RIBERIA STREET
SUITE 250
ST. AUGUSTINE, FL 32084 US

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: MAURICE S. KOPHAMER

04/18/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KOPHAMER, LOIS L PS
Address: 88 RIBERIA STREET, STE 250
City-St-Zip: ST. AUGUSTINE, FL 32084 43

Title: D () Delete
Name: KOPHAMER, MAURICE S VT
Address: 88 RIBERIA STREET, STE 250
City-St-Zip: ST. AUGUSTINE, FL 32084 43

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURICE S. KOPHAMER

D

04/18/2006

Electronic Signature of Signing Officer or Director

Date