

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000103845

Entity Name: POP ADVISIONS, INC.

FILED
May 17, 2006
Secretary of State

Current Principal Place of Business:

1043 SW WILLOW LANE
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

1043 SW WILLOW LANE
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 92-0180123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SITCOV, MITCHELL
1043 SW WILLOW LANE
PALM CITY, FL 34990 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SITCOV, MITCHELL
Address: 1043 SW WILLOW LANE
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: SITCOV, CATHY
Address: 1043 SW WILLOW LANE
City-St-Zip: PALM CITY, FL 34990

Title: D (X) Delete
Name: STOSKOPF, ANN M
Address: 47 NOSES CREEK ROAD
City-St-Zip: MARIETTA, GA 30064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SITCOV, MITCHELL H
Address: 1043 SW WILLOW LANE
City-St-Zip: PALM CITY, FL 34990

Title: D (X) Change () Addition
Name: SITCOV, CATHY J
Address: 1043 SW WILLOW LANE
City-St-Zip: PALM CITY, FL 34990

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: MITCHELL SITCOV

D

05/17/2006

Electronic Signature of Signing Officer or Director

Date