


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

4/ **FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90307 024 \*\*\*150.00

<b>DOCUMENT # P04000156900</b>				
1. Entity Name <b>NEW BREED PRODUCTIONS, INC.</b>				
Principal Place of Business <b>7618 PISSARRO DRIVE, STE. 101 ORLANDO, FL 32819</b>		Mailing Address <b>7618 PISSARRO DRIVE, STE. 101 ORLANDO, FL 32819</b>		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number <b>33-110062</b>
				Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
<b>DRAVES, DONNA L. ESQ. 120 E. CONCORD STREET ORLANDO, FL 32801</b>				Name
				Street Address (P.O. Box Number is Not Acceptable)
				City <b>FL</b> Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BROWN, JEREMIAH</b>	NAME		
STREET ADDRESS	<b>7618 PISSARRO DRIVE, STE. 101</b>	STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO, FL 32819</b>	CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BROWN, JAMES L.</b>	NAME		
STREET ADDRESS	<b>7618 PISSARRO DRIVE, STE. 101</b>	STREET ADDRESS		
CITY-ST-ZIP	<b>ORLANDO, FL 32819</b>	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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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"/> Addition	
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 exemption stated in Section 119.07(3)(i), 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>Jeremiah Brown</i> <b>Jeremiah Brown</b>		Date: <b>4-11-05</b>		Daytime Phone #: <b>407-351-1100</b>

**660.17737**



04112005 Chg-P CR2E034 (10/03)