2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P08000017626

Entity Name: TRIPLE THREAT ENTERTAINMENT, INC

Current Principal Place of Business:

1300 COLLINS AVENUE
203
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

1300 COLLINS AVENUE
203
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 26-1751425 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILLIAMS, MAURICE J
1300 COLLINS AVENUE
203
MIAMI BEACH, FL 33139 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: TIMAS, MOACYR K
Address: 1300 COLLINS AVENUE #203
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: P ( ) Delete
Name: WILLIAMS, MAURICE J
Address: 1300 COLLINS AVENUE #203
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VP ( ) Delete
Name: WALL, JANA
Address: 1300 COLLINS AVENUE #203
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VP ( ) Delete
Name: KAZACHENKO, MARIANNA
Address: 1300 COLLINS AVENUE #203
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: P ( ) Change (X) Addition
Name: TIMAS, AIRTO B
Address: 1300 COLLINS AVE #203
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify 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 WILLIAMS P 04/29/2009

Electronic Signature of Signing Officer or Director — Date