2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90571 029 ***150.00

DOCUMENT # P97000020491

1. Entity Name
SOUND CREATIONS INC.

Principal Place of Business	Mailing Address
1801 E COLONIAL DRIVE SUITE 107 ORLANDO, FL 32803	1801 E COLONIAL DRIVE SUITE 107 ORLANDO, FL 32803

04262005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
3742 NOVA RD.		3742 NOVA RD.	
Suite, Apt. #, etc.: SUITE 1009		Suite, Apt. #, etc.: SUITE 1009	
City & State: PORT ORANGE, FL		City & State: PORT ORANGE, FL	
Zip: 32129	Country: U.S.	Zip: 32129	Country: U.S.

4. FEI Number: 65-0734913 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEHR, ROBIN 1801 E COLONIAL DRIVE SUITE 107 ORLANDO, FL 32803	Name: WEHR, ROBIN Street Address (P.O. Box Number is Not Acceptable): 3742 NOVA RD. SUITE 1009 City: PORT ORANGE **FL** Zip Code: 32129

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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	DP WEHR, ROBIN 1801 E COLONIAL DRIVE, #107 ORLANDO, FL 32803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP WEHR, ROBIN 3742 NOVA RD. SUITE 1009 PORT ORANGE, FL 32129	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Robin Wehr ROBIN WEHR 4-28-05 386-322-7474
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #