# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2007 8:00 am**
**Secretary of State**
04-27-2007 90217 039 ***150.00

DOCUMENT # P99000102209

1. Entity Name
STANKIN RICH RECORDS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 3410 FOXCROFT ROAD<br>SUITE 305<br>MIRAMAR, FL 33025 | 3410 FOXCROFT ROAD<br>SUITE 305<br>MIRAMAR, FL 33025 |

| 2. Principal Place of Business, No P.O. Box # | 3. Mailing Address |
|---|---|
| 800 Pine Ridge Bnd | 800 Pine Ridge Bnd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Stone Mountain GA | |
| City & State | City & State: Stone Mountain GA |
| Zip: 30087 / Country: DeKalb | Zip: 30087 / Country: DeKalb |

04172007 Chg-P CR2E034 (12/06)

4. FEI Number: NOT APPLICABLE — ☐ 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 |
|---|---|
| KARRAN, MARSHALLDA<br>3410 FOXCROFT ROAD<br>SUITE 305<br>MIRAMAR, FL 33025 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL 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 _____
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, 2007 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 | O ☐ Delete | TITLE | ☑ Change ☐ Addition |
| NAME | THOMAS JR, ROBERT | NAME | |
| STREET ADDRESS | 3410 FOXCROFT RD #305 | STREET ADDRESS | 800 Pine Ridge Bnd Stone Mountain |
| CITY-ST-ZIP | MIRAMAR, FL 33025 | CITY-ST-ZIP | GA. 30087 |
| TITLE | O ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | THOMAS, ANDRE J | NAME | |
| STREET ADDRESS | 3410 FOXCROFT RD #305 | STREET ADDRESS | 800 Pine Ridge Bnd Stone Mountain |
| CITY-ST-ZIP | MIRAMAR, FL 33025 | CITY-ST-ZIP | GA 30087 |
| TITLE | CEO ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | THOMAS, ANDRE | NAME | |
| STREET ADDRESS | 3410 FOXCROFT RD. | STREET ADDRESS | 800 Pine Ridge Bnd Stone |
| CITY-ST-ZIP | MIRAMAR, FL 33025 | CITY-ST-ZIP | Mountain. GA 30087 |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| NAME | | NAME | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ 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 exemptions contained 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 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:** Marshalda Karran 4/25/07 678-206-1528
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #