

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

DOCUMENT # 370353 1. Entity Name SOUND IDEAS, INC.		
Principal Place of Business 2323 BELLEAIR RD CLEARWATER, FL 33764 US		Mailing Address 2323 BELLEAIR RD CLEARWATER, FL 33764 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent STEPHENS, WILLIAM A. 2323 BELLEAIR RD CLEARWATER, FL 33764		DO NOT WRITE IN THIS SPACE
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD STEPHENS, WILLIAM A. 1616 ST PAULS DR CLEARWATER, FL 33764	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STEPHENS, KATHERINE 1616 ST PAULS DR CLEARWATER, FL 33764	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS 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, 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 officers and directors.		
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		02/28/06 7275310669 Date Daytime Phone #



02162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1488142	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

04/29/06-80090-016 150.00

**DO NOT WRITE
IN THIS SPACE**