2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SQUATURE ARBYTYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Jan 14, 2008 08:00 Al
Secretary of State

1-11-08 863-676-2788
Date Dayline Phone #

1. Entity Nam	MENT # 588484 ENTURES, INC.				Sec	retary of Sta
Principal Plac 2355 HWY. 6 LAKE WALES	60 E.	Mailing Address 2355 HWY. 60 E. LAKE WALES, FL 33853				
MUSIC, SA 2355 HWY LAKE WAL		IN THIS SPA	CE		Chg-P CR	2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
	named entity submits this statement for tilons of registered agent. Signature, typed or printed name of registered agent and		ed office or register			am familiar with, and accept
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00 OFFICERS AND D			.00 May Be ed to Fees	i "agir ggr . A . A .	entre.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MUSIC, SANDRA M. 2355 HIGHWAY 60 EAST LAKE WALES, FL	neorona				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MOORE, JONATHAN 311 N. 4TH STREET LAKE WALES, FL 33853			01.	(0000007823 A1\$708-800 A1\$708-800	174 75-023 150.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	. •					
indicated of the cor	certify that the Information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with the content of the conte	rue and accurate and that my signa ered to execute this report as requi	iture sha!! have the s	same legal effect as if :	made under oath; th	at I am an officer or director