


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 30, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # 830964</b> 1. Entity Name <b>SPLENDOR PRODUCTIONS, INC.</b>	
---	---

Principal Place of Business <b>1176 WINDSONG ORLANDO, FL 32809 US</b>	Mailing Address <b>PO BOX 560026 ORLANDO, FL 32856 US</b>
--	--



01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>36-2601241</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>EULER,KEITH 250 PALM PARK CIRCLE LONGWOOD, FL 32779</b>
---

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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P SPURR, THURLOW 1176 WINDSONG ORLANDO, FL 32809</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T EULER, KEITH 250 PALM PARK CIRCLE LONGWOOD, FL 32779</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S LEETZ, PAUL 465 E GUNDERSEN DR WHEATON, IL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP SPURR, VICKI 201 CATTAIL CT ORLANDO, FL 32806</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

000000407670  
 02/08/06-80029-009 150.00

DO NOT WRITE IN THIS SPACE

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:**  **Keith Euler** **1/27/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #