## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Jan 16, 2007 8:00 am Secretary of State DOCUMENT # F06000004138 01-16-2007 90181 041 \*\*\*150.00 STRÉETROD PRODUCTIONS, INC. Principal Place of Business Mailing Address 809 S. FRONT ST. 809 S. FRONT ST. MONTEZUMA, IA 50171 MONTEZUMA, IA 50171 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 42-1442665 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Ochmidt raig SCHMIDT, CRAIG Street Address (PO. Box Number is Not Acceptable) 459 E. STATE RD. 44 WILDWOOD, FL 32159 Zip Code 8. The above named submits this statement fo purpose of changing its registered office or registered agent, or woth, in the State of Florida, I am familiar with, and accept the obligations of SIGNATURE (NOTE: Registered Agent signature required when reinstate 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **PVST** Vice President TITLE TITLE ☐ Change XX Addition ☐ Delete SCHMIDT, CRAIG Cindy Schmidt 809 5: Front St. ЗМАИ NAME STREET ADDRESS 809 S. FRONT ST. STREET ADDRESS CITY-ST-ZIP MONTEZUMA, IA 50171 CITY-ST-ZIP In 50171 Montelling. Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP At qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information are and that my signature shall have the same legal effect as if made under oath; that I am an officer or director use this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with t indicated on this report of supplemental report is t of the corporation or the receiper or trustee empoy is filing does. of the corporation or the changed, or on an attack

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