

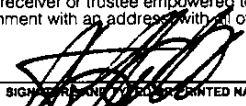


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2007 8:00 am**  
**Secretary of State**

03-30-2007 90130 027 \*\*\*150.00

<b>DOCUMENT # F56541</b> 1. Entity Name <b>STREET SOUND, INC.</b>					
Principal Place of Business <b>4221 NORTH FLORIDA AVENUE TAMPA, FL 33603</b>			Mailing Address <b>4221 NORTH FLORIDA AVENUE TAMPA, FL 33612</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>4221 North Florida Ave</b> Suite, Apt. #, etc.			
City & State City: <b>TAMPA, FLORIDA</b>		City & State City: <b>TAMPA, FLORIDA</b>		4. FEI Number <b>59-2141516</b>	
Zip <b>33603</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>FERLITA, RUSSELL A 4332 N. NEBRASKA AVE. TAMPA, FL 33603</b>				7. Name and Address of New Registered Agent Name: <b>Ferlita, Russell A</b> Street Address (P.O. Box Number is Not Acceptable): <b>4221 NORTH FLORIDA AVENUE</b> City: <b>Tampa</b> <b>FL</b> Zip Code: <b>33603</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERLITA, SHEILA L 9808 NORTH ARMENIA AVENUE TAMPA, FL 33612	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FERLITA, SHEILA L 9808 NORTH ARMENIA AVENUE TAMPA, FL 33612	<input type="checkbox"/> Delete			
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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:  <b>Mar 27, 2007</b> <b>813-234-5004</b> <small>SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					