


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2006 JUL 12 AM 8:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # G22735</b> 1. Entity Name <b>EXUMA SOUND, INC.</b>					
Principal Place of Business <b>7448 SW 48 STREET P. O. BOX 432193 MIAMI, FL 33243</b>			Mailing Address <b>7448 SW 48 STREET MIAMI, FL 33155 US</b>		
2. Principal Place of Business <b>9035 AMERICANA ROAD</b>		3. Mailing Address <b>9035 AMERICANA ROAD</b>			
Suite, Apt. #, etc. <b>SUITE 1P</b>		Suite, Apt. #, etc. <b>SUITE 1P</b>			
City & State <b>VERO BEACH FLORIDA</b>		City & State <b>VERO BEACH, FLORIDA</b>			
Zip <b>32966</b>		Country <b>INDIAN RIVER</b>		Zip <b>32966</b>	
Country <b>INDIAN RIVER</b>		Country <b>INDIAN RIVER</b>			
6. Name and Address of Current Registered Agent  <b>GRINBERG, MARTA 7448 SW 48TH ST. MIAMI, FL 33155</b>			7. Name and Address of New Registered Agent Name <b>LAPPAS, JAMES</b> Street Address (P.O. Box Number is Not Acceptable) <b>9035 AMERICANA ROAD, SUITE 1P</b> City <b>VERO BEACH</b> <b>FL</b> Zip Code <b>32966</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 <u><i>James Lappas</i></u> <b>JAMES LAPPAS</b> <b>3 JULY 2006</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Amended AR is \$61.25</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	<b>P</b> <b>GRINBERG, MARTA</b> <b>637 VICKERS ST</b> <b>SEBASTIAN, FL 329584457</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LAPPAS, JAMES</b> <b>4805 16TH ST</b> <b>VERO BEACH, FL 329662370</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700077711687</b> <b>07/19/06--01009--023 **\$61.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LAPPAS, NORMA</b> <b>4805 16TH ST</b> <b>VERO BEACH, FL 329662370</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>B 7/18/04</b>	
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: <u><i>Marta Grinberg</i></u> <b>MARTA GRINBERG</b> <b>3 JULY 2006</b> <b>(772) 770-1823</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>					