


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90090 031 \*\*\*150.00

<b>DOCUMENT # G59174</b> 1. Entity Name <b>SOUND CONSOLIDATED INVESTMENTS, INC.</b>					
Principal Place of Business <b>25 WALTER MARTIN AVE., #202</b> <b>P.O. BOX 2259</b> <b>FORT WALTON BEACH, FL 32548</b>			Mailing Address <b>25 WALTER MARTIN AVE., #202</b> <b>P.O. BOX 2259</b> <b>FORT WALTON BEACH, FL 32548</b>		
2. Principal Place of Business - No P.O. Box # <b>24 Walter Martin RD #3</b>		3. Mailing Address <b>Post Office Drawer 1329</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Fort Walton Bch, Fl</b>		City & State <b>Fort Walton Bch, Fl</b>		4. FEI Number <b>59-2413283</b>	
Zip <b>32548</b>		Country <b>Okaloosa</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>MEAD, MICHAEL WM.</b> <b>24 WALTER MARTIN ROAD</b> <b>FORT WALTON BEACH, FL 32548</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>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>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>SHELLEY, G. GLENN</b> <b>111 YACHT CLUB DR.</b> <b>FORT WALTON BCH, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>MEAD, MICHAEL WM</b> <b>24 WALTER MARTIN RD</b> <b>FT WALTON BCH, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/25/2007</b> <b>850/243-3135</b> <small>Date Daytime Phone #</small>		