




**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # J29776 1. Entity Name LOCONTO PRODUCTIONS INC.			
Principal Place of Business 10244 NW 47TH ST SUNRISE, FL 33351 US		Mailing Address 10244 NW 47TH ST SUNRISE, FL 33351 US	
DO NOT WRITE IN THIS SPACE			
		 04272006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1898996	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LOCONTO, FRANCIS XAVIER 10244 S.W. 47 STREET SUNRISE, FL 33351		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		 000000552321 05/15/06-80005-021 150.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOCONTO, FRANCIS XAVIER 10244 N.W. 47 STREET SUNRISE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST LOCONTO, PHYLLIS FINNEY 10244 N.W. 47 STREET SUNRISE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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>Francis Xavier Loconto</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u><i>May 4-2006</i></u> Daytime Phone #: <u><i>954-741-7766</i></u>	