2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 10, 2006 08:00 AM Secretary of State **DOCUMENT # K67853** AMERICAN AUDIO VISUAL, INC. Mailing Address Principal Place of Business 9484 AMERICAN EAGLE WAY 9484 AMERICAN EAGLE WAY ORLANDO, FL 32837 US ORLANDO, FL 32837 01042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2933137 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent SPINICELLI, MARK J DO NOT WRITE 9484 AMERICAN EAGLE WAY ORLANDO, FL 32837 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 M000000381023 Trust Fund Contribution. Added to Fees 01/11**/0**6-80036-024 150.00 10. OFFICERS AND DIRECTORS PCEO TITLE SPINICELLI, MARK STREET ADDRESS 9484 AMERICAN EAGLE WAY CITY-ST-ZIP ORLANDO, FL 32837 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME

I hereby certify that the information supplied with this filling 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 pitter like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS