2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # K71683 1. Entity Name AUDIO SENSATION, INC. Principal Place of Business Mailing Address 1857 GULF-TO-BAY BLVD. 1857 GULF-TO-BAY BLVD. CLEARWATER, FL 33765 CLEARWATER, FL 33765 US 04202006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2939485 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CONOVER, TERRY S. DO NOT WRITE 1405 LAHARA WAY NEW PORT RICHEY, FL 34655 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 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PVSD** TITLE CONOVER, TERRY S NAME STREET ADDRESS 1405 LAHARA WAY U00000527503 CITY-ST-7P TRINITY, FL 34655 05/04/06-80116-013 150.00 THE NAME STREET ADDRESS CITY - ST - ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP HTLE IN THIS SPACE NAME STREET ADDRESS CITY ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE NAME

12. Thereby certify that the information supplied with this fluing does not quality 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 trusted 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITREET ADDRESS CITY-ST-ZIP