

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K73688</b> 1. Entity Name <b>SOUND CONSTRUCTION GROUP, INC.</b>					
Principal Place of Business <b>2325 ULMERTON ROAD SUITE 7 CLEARWATER FL 33762 US</b>			Mailing Address <b>2325 ULMERTON ROAD SUITE 7 CLEARWATER FL 33762 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip      Country			City & State Zip      Country		
4. FEI Number <b>59-2943280</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARSHALL L. NEWSOME 2325 ULMERTON ROAD SUITE 7 CLEARWATER FL 33762</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 _____ <small>Signature, typed or printed. If a registered agent and true if applicable. (NOTE: Registered Agent signatures required when reconstituting)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP NEWSOME, MARSHALL L. 2325 ULMERTON RD. SUITE 7 CLEARWATER FL 33762	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	U00000478896 04/08/06-80023-009 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST MARSHAL L. NEWSOME 2325 ULMERTON RD. SUITE 7 CLEARWATER FL 33762	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V VALIN, ALBERT J 2325 ULMERTON RD. SUITE 7 CLEARWATER FL 33762	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	(Empty)	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** \_\_\_\_\_ *James, Pres.*      **3/21/06 727-572-948**