## FILED Apr 19, 2007 8:00 am Secretary of State

2007	FOR PROFIT CORPORATION
	ANNUAL REPORT

ANNOAL REPORT						Secretary or State				
DOCUMENT # L32331  1. Entity Name NETANE POLYNESIAN PRODUCTIONS, INC.						04-19-2007	90179 01	9 ***15	0.00	
					80006	786				
	e of Business		Mailing Address		10000	, , ,				
				424 HIDDENDALE AVE.						
ORLANDO, F	L 32819	ORLANDO, FL 32819								
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3 Principal F	Place of Business - No P.O. Box #	•								
,		3. Mailing Address								
<i>(ک) کا م)</i> Suite, Apt.	KINGSPOINTE PKWY	ITE PKWY	<u></u>							
	-	Suite, Apt. #, etc.		04162007	Chg-P	CR2E03	4 (12/06)			
SUITE City & Stat	10(	SUITE 107 City & State		4 55111			1 14.	e.a E. 1		
OPLA					4. FEI Numb			<u> </u>	oplied For	
	4-011	ORLANDO, FI		62-141	2003			ot Applicable		
32819	Country	Zip Country		5. Certificate	of Status Desired		8.75 Add			
2017		32819		ı				ee Require	a	
	6. Name and Address of Current F	legistered Agent		Name	7. Name and	Address of New R	egistered A	gent		
DDAVEC	DONNA FRO I			Name						
	DONNA, ESQ. L NCORD ST.			Street Address	s (P.O. Box Numb	er is Not Acceptable	1)			
	), FL 32801						,			
OND WILD	5,12 32301				***					
				0''				I		
				City			FL	Zip Code	e	
8. The above	named entity submits this statement for	the purpose of changing its	registere	L ed office or regis:	tered agent, or bo	th, in the State of Flo	rida Lam fa	miliar with	and accept	
	ions of registered agent.					and and areas are are			and addopt	
SIGNATURE.	6									
	Signature, typed or printed name of registered agent ar	no title it applicable. (NOTE	: Hegistere	d Agent signature requi	ired when reinstating)	· · · · · · · · · · · · · · · · · · ·	DATE			
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.0	9. Election Campaig Trust Fund Contr	•	· _ •	5.00 May Be dded to Fees					
10.	OFFICERS AND D	DIRECTORS	11.		AUDITIONS	CHANGES TO OFF	ICERS AND I	NECTOR	SINITI	
TITLE	PST	☐ Delete	TITLE	. 1	ADDITIONS	CHANGES TO OFF		Change	Addition	
NAME	NETANE, LAVINIA	□ Delete	NAM					Grange	☐ Addition	
STREET AODRESS	6424 HIDDÉNDALE AVE.				52 V 11.50			SILIT	c 1007	
CITY-ST-ZIP	ORLANDO, FL 32819			-ST-ZIP	SO FING	STOINTEF 2 32819	KW4	Sutri		
	OTEATEO, TE SEUTS		-		(NDEO')	2 32011				
TITLE		☐ Delete	TITLE					Change	☐ Addition	
NAME OTRECT ADDRESS			NAMI	- 1					1	
STREET ADDRESS				ET ADDRESS						
CITY-SI-ZIP			CHY	-ST-ZIP						
TITLE		☐ Delete	TITLE	.				Change	Addition	
NAME			NAMI							
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		Delete	TITLE	:				Change	Addition	
NAME			NAM	E						
STREET ADDRESS			STRE	ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	i		NAM	E				-		
STREET ADDRESS			STRE	ET ADDRESS						
CITY-ST-ZIP			CITY	-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME		□ Ocicie	NAM	1					La riddition	
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
	Cortify that the information available in	his filing does not awalf. for		L	ad in Chaster 440	) Florido Ct-tut-	further == ::"	that '- '	alasmati	
indicated	certify that the information supplied with a on this report or supplemental report is	true and accurate and that m	iy signal	ure shall have th	e same legal effec	at as if made under o	oath; that I an	n an officer	or director	
of the cor	poration or the reseiver or trustee empoy or on an attachnient with an address, w	wer <del>ed to e</del> xecute this report a	as requi	red by Chapter 6	607, Florida Statute	s; and that my name	appears in	Block 10 or	Block 11 if	
or longed.	will all address, w	silvanor ilito impowered.	)		,		. 1			

SIGNATURE: SENATURE AND TYPED OR PRINTED RAME OF SIGNING DEFICE FOR DIRECTOR

4.16.07 407.812.61.00
Date Dayline Prone #