

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90303 008 \*\*\*150.00

<b>DOCUMENT # L62779</b> 1. Entity Name <b>HARVEY PRODUCTIONS INC.</b>			
Principal Place of Business <b>3101 MAGUIRE BLVD SUITE 280 ORLANDO, FL 32803</b>		Mailing Address <b>3101 MAGUIRE BLVD SUITE 280 ORLANDO, FL 32803</b>	
2. Principal Place of Business <b>4700 Millenia Blvd.</b>		3. Mailing Address <b>P.O. Box 691077</b>	
Suite, Apt. #, etc. <b>Suite 175</b>		Suite, Apt. #, etc. 	
City & State <b>Orlando Florida</b>		City & State <b>Orland Florida</b>	
Zip <b>32819</b>		Zip <b>32869-1077</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>59-3005417</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>BARITON, JACK 7800 W. OAKLAND PARK BLVD. SUNRISE, FL 33351</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 re-registering)			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be 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 BAUMGARTEN, AL 3101 MAGUIRE BLVD. ORLANDO, FL 32803	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV BAUMGARTEN, WESLEE 3101 MAGUIRE BLVD. ORLANDO, FL 32803	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Al Baumgarten</i></u>		Date: <u>4/21/06</u> Daytime Phone #: <u>407-898-3572</u>	