
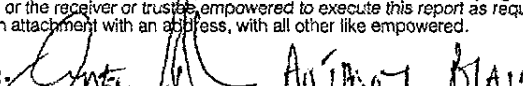


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2006 08:00 AM
Secretary of State**

DOCUMENT # N34533 1. Entity Name FEACOCK PRODUCTIONS, INC.		
Principal Place of Business 7320 GRIFFIN RD SUITE 211 DAVUE, FL 33314 US		Mailing Address 7320 GRIFFIN RD SUITE 211 DAVUE, FL 33314 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CHARLTON, WINSOME B 5397 ORANGE DR DAVIE, FL 33314-3440		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	BLAIR, ANTHONY	
STREET ADDRESS	7320 GRIFFIN RD SUITE 211	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	D	
NAME	REYNOLDS, KIM	
STREET ADDRESS	7320 GRIFFIN RD SUITE 211	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	D	
NAME	CHARLTON, WINSOM B	
STREET ADDRESS	7320 GRIFFIN RD SUITE 211	
CITY-ST-ZIP	DAVIE, FL 33314	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 as changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1. 9. 06 904-321-0882 <small>Date Daytime Phone</small>



01062006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0147748	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/12/06-80013-013 61.25

**DO NOT WRITE
IN THIS SPACE**