


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90166 016 \*\*\*150.00

<b>DOCUMENT # P00000032637</b>	
1. Entity Name <b>BARTOONIVERSE, INC.</b>	

Principal Place of Business <b>300 NORTH OSCEOLA AVENUE SUITE 6D CLEARWATER, FL 33755</b>	Mailing Address <b>300 NORTH OSCEOLA AVENUE SUITE 6D CLEARWATER, FL 33755</b>
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2. Principal Place of Business <b>1913 Alton Drive</b> Suite, Apt. #, etc.	3. Mailing Address <b>1913 Alton Drive</b> Suite, Apt. #, etc.
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City & State <b>Clearwater FL</b>	City & State <b>Clearwater FL</b>
Zip <b>33763</b>	Zip <b>33763</b>
Country <b>Pinellas</b>	Country <b>Pinellas</b>



04252006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3635630</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>DORIN, EMMA 300 N OSCEOLA AVENUE # 6C CLEARWATER, FL 33755</b>	7. Name and Address of New Registered Agent Name <b>Dobin, Emma</b> Street Address (P.O. Box Number is Not Acceptable) <b>1913 Alton Drive</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33763</b>
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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 Emma Dobin - Emma Dobin Bartooniverse Inc Officer VP, Secretary Co-owner 4/25/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<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</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DOBIN, BART F 300 NORTH OSCEOLA #66 CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Dobin, Bart F 1913 Alton Drive Clearwater FL 33763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD DOBIN, EMMA 300 NORTH OSCEOLA AVENUE #66 CLEARWATER, FL 33755 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSTD Dobin, Emma 1913 Alton Drive Clearwater FL 33763 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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:** Emma Dobin - Emma Dobin VP/Secretary 4/25/06 727-446-8189  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #