

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000037329

Entity Name: LEWIS & CLARK FILM COMPANY

FILED
Apr 10, 2006
Secretary of State

Current Principal Place of Business:

284 PARK AVE. NORTH, STE. B
WINTER PARK, FL 32789

New Principal Place of Business:

9460 DELEGATES DR.
SUITE 117
ORLANDO, FL 32837

Current Mailing Address:

284 PARK AVE. NORTH, STE. B
WINTER PARK, FL 32789

New Mailing Address:

9460 DELEGATES DR
SUITE 117
ORLANDO, FL 32837

FEI Number: 59-3643876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEOD, NED
W. EDWARD MCLEOD, P.A.
284 PARK AVE. NORTH, STE. B
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WEIS, BOB
Address: 284 PARK AVE. NORTH, STE. B
City-St-Zip: WINTER PARK, FL 32789

Title: VPD () Delete
Name: MONROE, MARSHALL
Address: 284 PARK AVE. NORTH, STE. B
City-St-Zip: WINTER PARK, FL 32789

Title: DS () Delete
Name: TITTLE, BENTLEY
Address: 284 PARK AVE. NORTH, STE. B
City-St-Zip: WINTER PARK, FL 32789

Title: DT () Delete
Name: GILLEON, TOM
Address: 284 PARK AVE. NORTH, STE. B
City-St-Zip: WINTER PARK, FL 32789

Title: DT () Delete
Name: VIOLA, HERMAN
Address: 284 PARK AVE. NORTH, STE. B
City-St-Zip: WINTER PARK, FL 32789

Title: DVP () Delete
Name: MCLEOD, W. EDWARD
Address: 284 PARK AVE. NORTH, STE. B
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB WEIS

P

04/10/2006

Electronic Signature of Signing Officer or Director

Date