2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 30, 2006 08:00 AN **DOCUMENT # P00000038966** Secretary of State PHARRMOORS STUDIO INC Mailing Address Principal Place of Business 815 E. RIDGEWOOD ST 815 E. RIDGEWOOD ST ORLANDO, FL 32803 ORLANDO, FL 32803 CR2E034 (11/05) 01272006 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3637181 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PHARR, HERBERT L DO NOT WRITE 815 E. RIDGEWOOD ST ORLANDO, FL 32803 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 Signature typed or printed name of registered agent and fille if applicable. (NOTE Registered Agent signature required when reinstating) DATE 1/00000407391 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 02/08/06-80016-016 150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PHARR, HERBERT NAME 815 E RIDGEWOOD STREET STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32803 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-21P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-SY-7IP TITLE NAME STREET ADDRESS

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 appowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if all oth changed, or on an attachment with like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED ORUPRINTED NAME OF SIGNING OFFICER OR DIRECTOR