


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90013 030 \*\*\*150.00

<b>DOCUMENT # P00000039634</b>		
1. Entity Name N & N AUDIO, INC.		


Principal Place of Business 7186 NW 123RD AVE PLATATION, FL 33076	Mailing Address 7186 NW 123RD AVE PLATATION, FL 33076
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2. Principal Place of Business 7186 NW 123 AVE	3. Mailing Address 7186 NW 123 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PARKLAND FL	City & State PARKLAND FL
Zip 33076	Country BROWARD
Zip 33076	Country BROWARD

6. Name and Address of Current Registered Agent ALKINS, DENNIS 7186 NW 123RD AVE PLANTATION, FL 33076		7. Name and Address of New Registered Agent Name ALKINS DENNIS R Street Address (P.O. Box Number is Not Acceptable) 7186 NW 123 AVE City PARKLAND FL Zip Code 33076	
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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  DATE 07/05/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALKINS, DENNIS R 7186 NW 123RD AVE PARKLAND, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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:**  **07/05/06** **964-249-2197**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #