2006 FOR PROFIT CORPORATION ANNUAL REPORT:

Jan 20, 2006 08:00 AN DOCUMENT # P000000988509 **Secretary of State** 1. Entity Name SOUNDOX, INC. Principal Place of Business Mailing Address 2218 LANAI AVE 2218 LANAI AVE BELLEAIR BLUFFS, FL 33770 BELLEAIR BLUFFS, FL 33770 01072006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3676037 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FIDA, PAUL DO NOT WRITE 2218 LANAI AVE BELLEAIR BLUFFS, FL 33770 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. (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE FIDA, JOSEPH PAUL NAME STREET ADDRESS. 2218 LANAL AVENUE BELLEAIR BLUFFS, FL 33770 CITY-ST-ZIP 000000393563 01/25/06-80027-001 158.75 TITLE NAME STREET ADORESS CITY - ST-ZIP TILE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-\$T-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 access with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-06

Daytime Phone #

FILED