

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000117846

FILED
Mar 03, 2006
Secretary of State

Entity Name: TEARDROPFILMS ENTERTAINMENT CORPORATION

Current Principal Place of Business:

6115 N. DAVIS HWY #16A
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

6115 N. DAVIS HWY #16A
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 59-3689976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHOENIX ROWE, CAMERON
6115 N. DAVIS HWY #16A
PENSACOLA, FL 32504 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: CW () Delete
Name: HUNTER, RACHEL A
Address: 6115 N. DAVIS HWY #16A
City-St-Zip: PENSACOLA, FL 32514

Title: VCW () Delete
Name: CHARM, BRIANNA M
Address: 6115 N. DAVIS HWY #16A
City-St-Zip: PENSACOLA, FL 32514

Title: CEO () Delete
Name: ROWE, CAMERON P
Address: 6115 N. DAVIS HWY #16A
City-St-Zip: PENSACOLA, FL 32514

Title: PRES () Delete
Name: CHARM, STEPHANIE G
Address: 6115 N. DAVIS HWY #16A
City-St-Zip: PENSACOLA, FL 32514

Title: EVP () Delete
Name: VICTRIX, MERCEDES T
Address: 6115 N. DAVIS HWY #16A
City-St-Zip: PENSACOLA, FL 32504

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:

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: CAMERON PHOENIX ROWE

CEO

03/03/2006

Electronic Signature of Signing Officer or Director

_____ Date