2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P01000021667

Entity Name: NE LA SHAY RECORD PRODUCTION PROMOTION DISTRIBUTION, INC.

Current Principal Place of Business:

2930 OKEECHOBEE BLVD., STE 203
WEST PALM BEACH, FL 33406

New Principal Place of Business:

Current Mailing Address:

PO BOX 220653
WEST PALM, FL 33442

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLAIR, TREVOR
4859 ORLEANS CT APT C
WEST PALM BEACH, FL 33415 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: DPS ( ) Delete
Name: BLAIR, TREVOR
Address: PO BOX 220653
City-St-Zip: WEST PALM BEACH, FL 334420653

Title: D ( ) Delete
Name: BLAIR, RECQUISHA
Address: PO BOX 220653
City-St-Zip: WEST PALM BEACH, FL 334420653

Title: MP ( ) Delete
Name: MARKETING & PROMOTIO, NAL
Address: 2930 OKEECHOBEE BLVD., STE 203
City-St-Zip: WEST PALM BEACH, FL 33409

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: USHAE LEWIS MP 04/29/2005

Electronic Signature of Signing Officer or Director — Date