
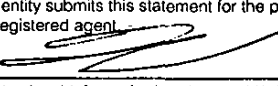
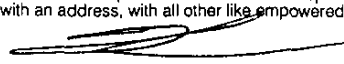


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2006 8:00 am
Secretary of State

03-16-2006 90234 043 ***158.75

DOCUMENT # P01000022651 1. Entity Name IMMANUEL PRODUCTIONS, INC.					
Principal Place of Business 2762 PROVIDENCE BLVD. DELTONA, FL 32725			Mailing Address 2762 PROVIDENCE BLVD. DELTONA, FL 32725		
2. Principal Place of Business 689 Deltona Blvd. Suite, Apt. #, etc. Suite A City & State Deltona, FL Zip 32725		3. Mailing Address 689 Deltona Blvd. Suite, Apt. #, etc. Suite A City & State Deltona, FL Zip 32725		03132006 Chg-P CR2E034 (11/05)	
4. FEI Number 01-0710696				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent PIZZA, NICHOLAS E 2762 PROVIDENCE BLVD. DELTONA, FL 32725	
7. Name and Address of New Registered Agent Name Pizza, Nicholas E Street Address (P.O. Box Number is Not Acceptable) 689 Deltona Blvd. Suite A City Deltona, FL FL Zip Code 32725				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  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE 3/13/06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS	
TITLE D <input type="checkbox"/> Delete NAME PIZZA, NICHOLAS E STREET ADDRESS 2762 PROVIDENCE BLVD. CITY-ST-ZIP DELTONA, FL 32725		TITLE D <input type="checkbox"/> Delete NAME PIZZA, KYMBERLI J STREET ADDRESS 2762 PROVIDENCE BLVD. CITY-ST-ZIP DELTONA, FL 32725		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME PIZZA, NICHOLAS E STREET ADDRESS 689 Deltona Blvd., Suite A CITY-ST-ZIP Deltona, FL 32725		TITLE D <input type="checkbox"/> Delete NAME PIZZA, KYMBERLI J. STREET ADDRESS 689 Deltona Blvd., Suite A CITY-ST-ZIP Deltona, FL 32725		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D <input type="checkbox"/> Delete NAME PIZZA, KYMBERLI J. STREET ADDRESS 689 Deltona Blvd., Suite A CITY-ST-ZIP Deltona, FL 32725		TITLE D <input type="checkbox"/> Delete NAME PIZZA, KYMBERLI J. STREET ADDRESS 689 Deltona Blvd., Suite A CITY-ST-ZIP Deltona, FL 32725		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 3/13/06 386-574-5764 <small>Daytime Phone #</small>	