2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Apr 14, 2005 8:00 am Secretary of State DOCUMENT # P01000033040 04-14-2005 90100 021 ***150.00 THUNDER BEACH PRODUCTIONS, INC. Principal Place of Business Mailing Address 20032868 877 W. ORANGE AVE. PO BOX 5376 TALLAHASSEE, FL 32310 TALLAHASSEE, FL 32314 2. Principal Place of Business 1312 B Thomas DR 3. Mailing Address homas DR 1312 B Suite, Apt, #, etc 04122005 CR2E034 (10/03) PANAMA City 4. FEI Number Applied For 59-3727 297 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLLINS, FRED H 106 FIRST STREET NE HAVANA, FL 32333 Zin Code 32408 PANAma Beach 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 agen SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BIGGS, JOSEPH NAME NAME STREET ADDRESS 2011 S. MONROE ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE, FL 32301 VP Change TITLE ☐ Delete ■ Addition TITLE PEAUY, Rauden A. 4421 Thomas Dr. 902 **PERV**Y, RAUDEN A NAME NAME STREET ADORESS 7205 THOMAS DR. 806 E. STREET ADDRESS CITY-ST-ZIP C/TY-ST-ZIP PANAMA CITY, FL 32408 PAnama City Beach, FL. 32408 ŞT TITLE ☐ Change ☐ Delete ☐ Addition TITLE NAME MCDERMOTT, DAWN NAME STREET ADDRESS 221 BEACH WOOD LANE STREET ADDRESS PANAMA CITY BEACH, FL. 32413 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify 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 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.

FILED