

ANNUAL REPORT (AR)

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000038164

1. Entity Name
ALWAYS LIVE ALWAYS DIFFERENT ENTERTAINMENT, INC.



Principal Place of Business 1095 NW 58TH TERR MIAMI FL 33127	Mailing Address 1095 NW 58TH TERR MIAMI FL 33127
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

4. FEI Number 65-1100730	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VEARGIS, BERNARD
1095 NW 58TH TERR
MIAMI FL 33127

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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 **4-21-06**
Signature, typed or printed name of registered agent and type, if applicable. (NOTE: Registered Agent signature required when jurisdictional change.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Trust Fund Contribution. **Added to Fee**

10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete VEARGIS, BERNARD 1095 NW 58TH TERR MIAMI FL 33127
TITLE	C <input type="checkbox"/> Delete COWART, TORSON 1095 NW 58TH TERR MIAMI FL 33127
TITLE	T <input type="checkbox"/> Delete QJUEZARI, HARVEY 920 N.W. 49 STREET MIAMI FL 33127
TITLE	S <input type="checkbox"/> Delete NORRIS, RICKY 3009 NW 51 TERRACE MIAMI FL 33142
TITLE	V <input type="checkbox"/> Delete VEARGIS, SABRINA 4939 N.W. 53 STREET MIAMI FL
TITLE	M <input type="checkbox"/> Delete BYRD, JERRY 1505 NE 140 STREET NORTH MIAMI FL 33161

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	U00000536156
CITY-ST-ZIP	05/08/06-80082-018 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **4-21-06**