

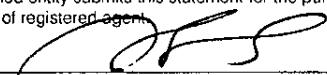
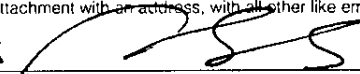


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90078 041 ***150.00

DOCUMENT # P01000051920					
1. Entity Name PANGEA RECORDINGS, INC.					
Principal Place of Business 4484 LAKE IN THE WOODS DR SPRING HILL, FL 34607			Mailing Address 4484 LAKE IN THE WOODS DR SPRING HILL, FL 34607		
2. Principal Place of Business - No P.O. Box # 6222 Soaring Ave		3. Mailing Address 6222 Soaring Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tampa FL		City & State Tampa FL		04122008 Chg-P CR2E034 (12/06)	
Zip 33617		Country USA		4. FEI Number 59-3715745	
Zip 33617		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALHAB, SAMER A 4484 LAKE IN THE WOODS DR SPRING HILL, FL 34607			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable) 6222 Soaring Avenue		
			City Tampa FL Zip 33617		
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 				DATE x 4/18/07	
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALHAB, SAMER A		NAME		
STREET ADDRESS	4484 LAKE IN THE WOODS DR.		STREET ADDRESS	6222 Soaring Avenue	
CITY-ST-ZIP	SPRING HILL, FL 34607		CITY-ST-ZIP	Tampa FL 33617	
TITLE	PTVD	<input type="checkbox"/> Delete	TITLE	DVPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALHAB, ABD E		NAME		
STREET ADDRESS	4484 LAKE IN THE WOODS DR.		STREET ADDRESS	6222 Soaring Avenue	
CITY-ST-ZIP	SPRING HILL, FL 34607		CITY-ST-ZIP	Tampa FL 33617	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 				DATE x 4/18/07 813 3763748	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	