2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 09, 2007 8:00 am Secretary of State

DOCUMENT # P0100056814 1. Entity Name SOUNDVISION OF THE EMERALD COAST INC.					Secretary of State 07-09-2007 90043 016 ***158.75					
Principal Place	a of Business	Mailing Address		7						
249 GULF PII FREEPORT, F	NES CT	249 GULF PINES CT Freeport, FL 32439								
						FEIDI ARREN EINE AUSE CEUK EIN EI	CEER & CEER			
2. Principal Place of Business No P.O. Box # 3. Mailing Address 249 Gulf Pines Cf. 249 Gu			Pines Cf							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07052007	Chg-P	CR2E034 (12/06)				
		Cily& State Freeport Fc.		4. FEI Numb 59-372		/	oplied For ot Applicable			
Zip Country		Zip C	ountry		of Status Desired		ditional			
3027	6. Name and Address of Current F	32439 Registered Agent	02H	7. Name and	Address of New	Registered Agent				
Λ	/	Rumbe Dav	Name							
LARUMBE 58 TURTS	ØAVID R ∠α E CT. Դ	s (P.O. Box Numb	er is Not Accepta	ble)						
SANTAR	QSA BCH, FL 32459 🔀 🥙	1 built Pines	74 × 41	9 Gul 1	- Pines	<u></u>				
	DAVID R E CT. QSA BCH, FL 32459 246	port Fl.	City			Zip,Cod	le			
		32437	Tree	005-1	th in the Chair at		439			
	named entity submits this statement for ions of registered agent.	the purpose of changing its regis	stered office of regis	stereoragent, or bo	in, in me State of	Florida. Tam tamiliar with,	and accept			
SIGNATURE Signature, hipped or printed commend agent and little / Application (NOTE Progratient Agent signature required when remissarily) ONTE										
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	LE NOW!!! FEE IS \$150.00 ue by September 14, 2007	Election Campaign F Trust Fund Contributi		5.00 May Be added to Fees		e with s. 607.193(2)(b), id not receive the prior				
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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:		David R	LaRumbe	2/3/	04 850-830-20	83
	SIGNATURE AND TYPED OR PREITED HARE OF SIGNING OF	FICER OR DIRECTOR	es =0 - a+	Diate	Daytime Phone #	