2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000080860

Name:

Address:

City-St-Zip:

Entity Name: SOUL4SAIL PRODUCTION INC.

FILED Apr 28, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 813 SEMORAN PARK DR WINTER PARK, FL 32792 **Current Mailing Address: New Mailing Address:** 813 SEMORAN PARK DR WINTER PARK, FL 32792 FEI Number: 90-0073283 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: MEJIAS, ROBERT J NUCCI, JANI M 813 SEMORAN PARK DR 3700 CURRY FORD RD US WINTER PARK, FL 32792 ORLANDO, FL 32806 US 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. SIGNATURE: JANI NUCCI 04/28/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition COLFER, BRENDAN T Name: Name: 813 SEMORAN PARK DR Address: Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: VΡ Title: Title: () Delete (X) Change () Addition BAKER, GREG Name: Name: BAKER, GREG 813 SEMORAN PARK DR. 398 HICKORY TRACE DR Address: Address: WINTER PARK, FL 32792 NASHVILLE, TN 37211 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition GUARINO, LINDA A Name: Name: 2404 BITTERNUT WAY Address: Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: Title: () Delete Title: () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

NUCCI, JANI M

813 SEMORAN PARK DR

WINTER PARK, FL 32792

Ρ SIGNATURE: BRENDAN COLFER 04/28/2005