

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000083299

FILED
May 05, 2008
Secretary of State

Entity Name: LUNARSKY PRODUCTIONS, INC.

Current Principal Place of Business:

849 MARQUIS CT
KISSIMMEE, FL 34759 US

New Principal Place of Business:

3137 NICHOLSON DRIVE
WINTER PARK, FL 32792 US

Current Mailing Address:

P.O. BOX 421827
KISSIMMEE, FL 34742 US

New Mailing Address:

P.O. BOX 1825
GOLDENROD, FL 32733 US

FEI Number: 59-3739483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FILLMEN, TRAVIS M
849 MARQUIS CT
KISSIMMEE, FL 34759 US

Name and Address of New Registered Agent:

FILLMEN, TRAVIS M
3137 NICHOLSON DRIVE
WINTER PARK, FL 32792 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: TRAVIS M. FILLMEN

05/05/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: FILLMEN, TRAVIS M
Address: 849 MARQUIS CT
City-St-Zip: KISSIMMEE, FL 34759

Title: SVD () Delete
Name: FILLMEN, ANN C
Address: 3137 NICHOLSON DR
City-St-Zip: WINTER PARK, FL 32792

Title: AS (X) Delete
Name: HOLLAND, KIMBERLY A
Address: 849 MARQUIS CT
City-St-Zip: KISSIMMEE, FL 34759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: FILLMEN, TRAVIS M
Address: 3137 NICHOLSON DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: TRAVIS M. FILLMEN

PTD

05/05/2008

Electronic Signature of Signing Officer or Director

Date