

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90055 040 \*\*\*150.00

<b>DOCUMENT # P01000093487</b> 1. Entity Name <b>ACCENT PRODUCTIONS, INC.</b>			
Principal Place of Business <b>4030 TOWNSHIP SQUARE BLVD #723 ORLANDO, FL 32837 US</b>		Mailing Address <b>4030 TOWNSHIP SQUARE BLVD #723 ORLANDO, FL 32837 US</b>	
2. Principal Place of Business - No P.O. Box # <b>3252 River Branch Circle</b>		3. Mailing Address <b>3252 River Branch Circle</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Kissimmee, FL</b>		City & State <b>Kissimmee, FL</b>	
Zip <b>34741</b>		Zip <b>34741</b>	
Country 		Country <b>USA</b>	
4. FEI Number <b>59-3747979</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>AADLAND, JONITA 4030 TOWNSHIP SQUARE BLVD #723 ORLANDO, FL 32837</b>		7. Name and Address of New Registered Agent Name <b>Jonita Aadland</b> Street Address (P.O. Box Number is Not Acceptable) <b>3252 River Branch Circle</b> City <b>Kissimmee</b> <b>FL</b> Zip Code <b>34741</b>	
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 <b>5/14/07</b> <small>Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b> <input checked="" type="checkbox"/> Delete NAME <b>AADLAND, JONITA</b> STREET ADDRESS <b>4030 TOWNSHIP SQUARE BLVD #723</b> CITY - ST - ZIP <b>ORLANDO, FL 32837</b>	TITLE <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Aadland, Jonita</b> STREET ADDRESS <b>3252 River Branch Circle</b> CITY - ST - ZIP <b>Kissimmee, FL 34741</b>		
TITLE <b>VP</b> <input type="checkbox"/> Delete NAME <b>KRESOVICH, GEORGE</b> STREET ADDRESS <b>3210 RIVER BRANCH CIRCLE</b> CITY - ST - ZIP <b>ORLANDO, FL 34741</b>			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP			
TITLE <input type="checkbox"/> Delete 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 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 <b>5/14/07</b> Daytime Phone # <b>407-616-5798</b>	