

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000095521

FILED  
Apr 07, 2007  
Secretary of State

Entity Name: SNORKEL PRODUCTIONS, INC.

**Current Principal Place of Business:**

800 OCEAN DR #201  
JUNO BCH, FL 33408

**New Principal Place of Business:**

**Current Mailing Address:**

800 OCEAN DR #201  
JUNO BCH, FL 33408

**New Mailing Address:**

FEI Number: 65-1136568      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LA VISTA, NANCY  
800 OCEAN DRIVE  
# 201  
JUNO BEACH, FL 33408 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: LA VISTA, NANCY  
Address: 800 OCEAN DR #201  
City-St-Zip: JUNO BCH, FL 33408

Title: DV ( ) Delete  
Name: SCHWARTZ, MARK  
Address: 800 OCEAN DR #201  
City-St-Zip: JUNO BCH, FL 33408

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: MARK SCHWARTZ

DVP

04/07/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date