

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90991 023 \*\*\*150.00

**50046578**



03182005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P02000003445</b> 1. Entity Name <b>M.P.S. LIGHT &amp; SOUND, INCORPORATED</b>					
Principal Place of Business <b>1305 POINSETTIA DR. STE. F-1 BOYNTON BEACH, FL 33444</b>			Mailing Address <b>1305 POINSETTIA DR. STE. F-1 BOYNTON BEACH, FL 33444</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>60-0001480</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			7. Name and Address of New Registered Agent		
<b>DIDOMENICO, MATTHEW J 1305 POINSETTIA DR. STE. F-1 BOYNTON BEACH, FL 33444</b>			Name <b>DIDOMENICO, JOHN M</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>605 HERON DR</b>		
			City <b>DELRAY BEACH FL</b>		
			Zip Code <b>33444</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		<b>JOHN M. DIDOMENICO, PRES.</b>		<b>4.29.05</b>	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIDOMENICO, MATTHEW J		NAME	DIDOMENICO, JOHN M	
STREET ADDRESS	1305 POINSETTIA DR. STE. F-1		STREET ADDRESS	605 HERON DR	
CITY-ST-ZIP	BOYNTON BEACH, FL 33444		CITY-ST-ZIP	DELRAY BEACH, FL 33444	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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:			<b>4.29.05</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
<b>JOHN M. DIDOMENICO, PRES.</b>			<b>5612394634</b>		
			<small>Daytime Phone #</small>		