2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# P02000005749

Entity Name: THE FILMING COMPANY, INC.

Current Principal Place of Business:

19 CORAL REEF CT N
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

19 CORAL REEF CT N
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 65-1137054 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HICKS, BARBARA
19 CORAL REEF CT N
PALM COAST, FL 32137 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: COO ( ) Delete
Name: HICKS, TRACEY Y COO
Address: 19 CORAL REEF COURT NORTH
City-St-Zip: PALM COAST, FL 32137 US

Title: SEC ( ) Delete
Name: HICKS, INGRID SEC
Address: 830 BLACKLAND TERRACE #204
City-St-Zip: APOPKA, FL 32703 US

Title: CFO ( ) Delete
Name: HICKS, ELBERT L CFO
Address: 830 BLACKLAND TERRACE #204
City-St-Zip: APOPKA, FL 32703 US

Title: CEO ( ) Delete
Name: HICKS, TRACEY Y CEO
Address: 19 CORAL REEF COURT NORTH
City-St-Zip: PALM COAST, FL 32137 US

Title: PRES ( ) Delete
Name: HICKS, BARBARA A PRES
Address: 19 CORAL REEF COURT NORTH
City-St-Zip: PALM COAST, FL 32137 US

Title: VP ( ) Delete
Name: HICKS, ELBERT VP
Address: 19 CORAL REFF COURT NORTH
City-St-Zip: PALM COAST, FL 32137 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SEC (X) Change ( ) Addition
Name: HICKS, INGRID SEC
Address: 1027 MAGNOLIA BLOSSOM CT
City-St-Zip: APOPKA, FL 32712 US

Title: CFO (X) Change ( ) Addition
Name: HICKS, ELBERT L CFO
Address: 1027 MAGNOLIA BLOSSOM CT
City-St-Zip: APOPKA, FL 32712 US

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

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 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.

SIGNATURE: TRACEY HICKS COO 04/27/2005
Electronic Signature of Signing Officer or Director Date