

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000005749

Entity Name: THE FILMING COMPANY, INC.

FILED
Apr 20, 2008
Secretary of State

Current Principal Place of Business:

19 CORAL REEF CT N
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

138 PALM COAST PARKWAY
105
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
138 PALM COAST PARKWAY
105
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

HICKS, TRACEY
138 PALM COAST PARKWAY
105
PALM COAST, FL 32137 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: TRACEY HICKS

04/20/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: COO () Delete
Name: HICKS, TRACEY Y COO
Address: 138 PALM COAST PARKWAY STE 105
City-St-Zip: PALM COAST, FL 32137 US

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

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

Title: CEO () Delete
Name: HICKS, TRACEY Y CEO
Address: 138 PALM COAST PARKWAY STE 105
City-St-Zip: PALM COAST, FL 32137 US

Title: PRES (X) Delete
Name: HICKS, BARBARA A PRES
Address: 138 PALM COAST PARKWAY STE 105
City-St-Zip: PALM COAST, FL 32137 US

Title: VP () Delete
Name: HICKS, ELBERT VP
Address: 138 PALM COAST PARKWAY STE 105
City-St-Zip: PALM COAST, FL 32137 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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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 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: TRACEY HICKS

CEO

04/20/2008

Electronic Signature of Signing Officer or Director

Date