


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90244 027 ***150.00

DOCUMENT # P02000007942	
1. Entity Name FINNISH MEDIA GROUP, INC.	

Principal Place of Business 707 LAKE AVENUE LAKE WORTH, FL 33460	Mailing Address P.O.B. 8147 LANTANA, FL 33465
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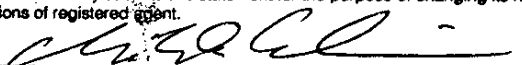
2. Principal Place of Business 807 Lucerne Avenue, Rear	3. Mailing Address P.O. Box 0128
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Lake Worth, FL	City & State Lake Worth, FL
Zip 33460	Country USA
Zip 33460	Country USA



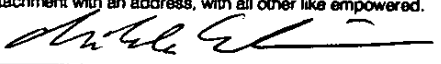
05012006 Chg-P CR2E034 (11/05)

8. Name and Address of Current Registered Agent MIKKO KOSKINEN 707 LAKE AVENUE LAKE WORTH, FL 33460	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 807 Lucerne Avenue, Rear City Lake Worth FL Zip Code 33460	

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 	MIKKO KOSKINEN President 05/01/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD KOSKINEN, MIKKO 707 LAKE AVENUE LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD MIKKO KOSKINEN 707 LAKE AVENUE LAKE WORTH, FL 33460 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AHOLA, ARI 707 LAKE AVENUE LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SNELLMAN, AKE 707 LAKE AVENUE LAKE WORTH, FL 33460 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	MIKKO KOSKINEN, President 05/01/06 (561) 5405440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	