## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Sep 29, 2004 08:00 AM Secretary of State

			Convertages of Ctata
1. Entity Nam	MENT # P02000039440 26 PRODUCTIONS, INC.		Secretary of State
·	e of Business Mailing Address  STREET WEST 1009 20TH STREET WEST , FL 34205 BRADENTON, FL 34205		I DEBUIRDO AN MENTO HOLE DONN WENT OF AN ENTRY HIGH SAIN DIRAC WENT DEBUIRD IN COME
DO NOT WRITE IN THIS SPAC		CE	09132004 No Chg-P CR2E034 (10/03)  4. FEI Number
6. Name and Address of Current Registered Agent  BODIE, ERIN D 1009 20TH STREET WEST  BRADENTON, FL 34205			DO NOT WRITE IN THIS SPACE
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  Signature, typed or printed name of registered agent and title if applicable.  (NOTE Registered Agent signature required when reinstating)  OATE			
FILE NOW!!! FEE IS \$550.00  Due by September 8, 2004  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P BODIE, RYAN D 1009 20 TH STREET W BRADENTON, FL 34205 V BODIE, ERIN D		U00000172568 09/29/04-80001-011 550.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1009 20TH ST W BRADENTON, FL 34205		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			IN THIS SPACE
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			

12. Thereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIFFECTOR