# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 22, 2005**
**Secretary of State**

DOCUMENT# P02000078747

**Entity Name:** GREY AREA 51 PRODUCTIONS, INC.

**Current Principal Place of Business:**

11020 2ND STREET E
SAINT PETERSBURG, FL 33706

**New Principal Place of Business:**

11020 2ND STREET E
TREASURE ISLAND, FL 33706 US

**Current Mailing Address:**

P.O. BOX 66654
SAINT PETERSBURG, FL 33706

**New Mailing Address:**

P.O. BOX 66654
ST PETE BEACH, FL 33736 US

**FEI Number: 54-2065895** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOPKINS, PZ
2788 45TH STREET S
ST. PETERSBURG, FL 33711 US

**Name and Address of New Registered Agent:**

HOPKINS, PZ
11020 2ND ST E
TREASURE ISLAND, FL 33706 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: _____ 02/22/2005
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: HOPKINS, PZ
Address: 11020 2ND STREET E
City-St-Zip: SAINT PETERSBURG, FL 33706

Title: P ( ) Delete
Name: PHILLIPS, MICHAEL C
Address: 11020 2ND STREET E
City-St-Zip: SAINT PETERSBURG, FL 33706

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition
Name: HOPKINS, PZ
Address: 11020 2ND STREET E
City-St-Zip: TREASURE ISLAND, FL 33706 US

Title: P (X) Change ( ) Addition
Name: HOPKINS, PZ
Address: 11020 2ND STREET E
City-St-Zip: TREASURE ISLAND, FL 33706 US

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: PZ HOPKINS D/P 02/22/2005
Electronic Signature of Signing Officer or Director — Date