

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000086496

FILED
Apr 17, 2006
Secretary of State

Entity Name: GOOD VIBES PRODUCTION INC.

Current Principal Place of Business:

4625 CHERRY ROAD
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 222446
WEST PALM BEACH, FL 33422

New Mailing Address:

FEI Number: 01-0739577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUGENT, MAXWELL O MR.
4625 CHERRY ROAD
WEST PALM BEACH, FL 33417 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: P () Delete
Name: NUGENT, MAXWELL O
Address: 4625 CHERRY ROAD
City-St-Zip: WEST PALM BEACH, FL 33417

Title: V () Delete
Name: WILLIAMS, JEAN R
Address: 1223 12TH LANE
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: V (X) Change () Addition
Name: DOUGLAS, MARCIA
Address: 4995 SABLE PINE CIRCLE APT C-2
City-St-Zip: WEST PALM BEACH, FL 33417

I hereby certify that the information supplied with this filing does not qualify for the 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: MAXWELL NUGENT

P

04/17/2006

Electronic Signature of Signing Officer or Director

Date