## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000104380

Address:

City-St-Zip:

OMOGELI COLIND OTLIDIO INO

FILED Aug 15, 2006 Secretary of State

Entity Name: SMOOTH SOUND STUDIO INC.					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
11502 N. N SUITE 103 TAMPA, FL		5			
Current Ma	ailing Addre	ss:	New Mailing Address:		
14535 BRU APT #422 TAMPA, FL	ICE B. DOWN . 33613 U				
FEI Number:	76-0714477	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
AMEGADJE, YAWO 14535 BRUCE B. DOWNS BLVD APT 422 TAMPA, FL 33613 US			APT 422	14535 BRUĆE B. DOWNS BLVD	
The above in the State		submits this statement for the pu	rpose of changing its registered	d office or registered agent, or both,	
SIGNATURE:				08/15/2006	
	Electro	nic Signature of Registered Ager	nt	Date	
		3(2)(b), F.S., the corporation did not g Trust Fund Contribution ( ).	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	AMEGADJE, Y	B. DOWNS BLVD APT 422	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	AMEGADJE, Y	B. DOWNS BLVD APT 422	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	AMEGADJE, Y	B. DOWNS BLVD APT 422	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	D ( AMEGADJE, Y	) Delete AWO	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: YAWO AMEGADJE Ρ 08/15/2006

14535 BRUCE B. DOWNS BLVD APT 422

TAMPA, FL 33613 US