

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000046614

FILED
Apr 20, 2005
Secretary of State

Entity Name: THUNDERBOLT VIDEO PRODUCTIONS, INC.

Current Principal Place of Business:

P.O. BOX 781294
ORLANDO, FL 328781294

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 781294
ORLANDO, FL 328781294

New Mailing Address:

FEI Number: 37-1468001 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KOKO, DONALD J
2543 SEABRANCH STREET
ORLANDO, FL 32828 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: CEO () Delete
Name: KOKO, DONALD
Address: 2543 SEABRANCH STREET
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: KOKO, ELIN M
Address: 2543 SEABRANCH STREET
City-St-Zip: ORLANDO, FL 32828

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: KOKO, DONALD
Address: 2543 SEABRANCH STREET
City-St-Zip: ORLANDO, FL 32828

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

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: DONALD J KOKO

CEO

04/20/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date