2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000056760

Entity Name: THE SOUND SYSTEM PROFESSIONALS, INC.

FILED May 01, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1700 S W 16TH CT 6403 NW 26TH TERRACE GAINESVILLE, FL 32653 APT P2

GAINESVILLE, FL 32608

Title:

New Mailing Address: Current Mailing Address:

1700 S W 16TH CT 6403 NW 26TH TERRACE APT P2 GAINESVILLE, FL 32653 GAINESVILLE, FL 32608

FEI Number: 14-1882323 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

ESTREICHER-MURPHY, STACI-ANN ESTREICHER-MURPHY, STACI-ANN 1700 S W 16TH CT 6403 NW 26TH TERRACE APT P2 GAINESVILLE, FL 32653 GAINESVILLE, FL 32608 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: STACI-ANN ESTREICHER-MURPHY 05/01/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete BERTRAND, ABIJAH BERTRAND, ABIJAH Name: Name: 1700 S W 16TH CT, APT 2 6403 NW 26TH TERRACE Address: Address: City-St-Zip: GAINESVILLE, FL 32608 City-St-Zip: GAINESVILLE, FL 32653

Title: Title: (X) Change () Addition () Delete ESTREICHER-MURPHY, STACI-ANN Name: ESTREICHER-MURPHY, STACI-ANN Name:

1700 S W 16TH CT, APT 2 Address: 6403 NW 26TH TERRACE Address: GAINESVILLE, FL 32608 GAINESVILLE, FL 32653 City-St-Zip: 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: STACI-ANN ESTREICHER-MURPHY D