

Sent 2 APR 06  
FILED

Apr 05, 2006 08:00 AM  
Secretary of State

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                   |                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P03000060741</b>                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                                           |
| 1. Entity Name<br><b>GOSPEL SPOTLIGHT ENT INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |                                                                                                                            |
| Principal Place of Business<br><b>317 COUNTRY VINEYARD DRIVE<br/>VALRICO, FL 33594</b>                                                                                                                                                                                                                                                                                                                                                                                    |                                                                   | Mailing Address<br><b>317 COUNTRY VINEYARD DRIVE<br/>VALRICO, FL 33594</b>                                                 |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |                                                                                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   |                                                                                                                            |
| 02082006 No Chg-P CR2E034 (11/05)                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                   |                                                                                                                            |
| 4. FEI Number<br><b>32-0077269</b>                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                   | Applied For<br><input type="checkbox"/> Not Applicable                                                                     |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                   | <b>\$8.75 Additional<br/>Fee Required</b>                                                                                  |
| 6. Name and Address of Current Registered Agent<br><br><b>LOWE, ELIZABETH<br/>317 COUNTRY VINEYARD DRIVE<br/>VALRICO, FL 33594</b>                                                                                                                                                                                                                                                                                                                                        |                                                                   | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                                                                      |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br><br>SIGNATURE <i>James Lowe</i> <b>vice Director</b> <b>2 APR 06</b><br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE |                                                                   |                                                                                                                            |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$650.00</b>                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                   |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                            | D<br>LOWE, JIMMIE<br>317 COUNTRY VINEYARD DR<br>VALRICO, FL 33594 |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                                                                                                                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                   |                                                                                                                            |
| TITLE<br>NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                   |                                                                                                                            |

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