
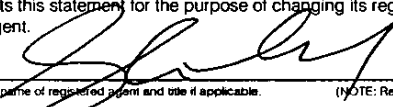
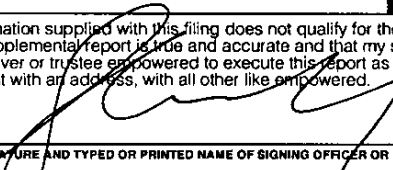


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90081 035 \*\*\*150.00

|   |   |                                 |   |   |  |
|---|---|---------------------------------|---|---|--|
| <b>DOCUMENT # P03000077122</b><br>1. Entity Name<br><b>GI PRODUCTIONS INC.</b>  |   |                                 |   |  |  |
| Principal Place of Business<br><b>1250 WEST AVENUE<br/>SUITE 15-K<br/>MIAMI BEACH, FL 33139</b>   |   |                                 | Mailing Address<br><b>1250 WEST AVENUE<br/>SUITE 15-K<br/>MIAMI BEACH, FL 33139</b>   |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   |                                 | 3. Mailing Address<br><br>Suite, Apt. #, etc.   |   |  |
| City & State<br><br>Zip      Country  |   |                                 | City & State<br><br>Zip      Country  |   |  |
| 4. FEI Number<br><b>20-0090113</b>  |   |                                 |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |   |                                 |   | 03232005    Chg-P    CR2E034 (10/03)  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LEMMEY, GLORIA<br/>7133 BAY DRIVE STE 604<br/>MIAMI BEACH, FL 33141</b>   |   |                                 | 7. Name and Address of New Registered Agent<br>Name <b>GLORIA LEMMEY</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>1250 WEST AVE STE 15-K</b><br><b>MIAMI BEACH</b><br>City <b>MIAMI BEACH</b> FL      Zip Code <b>33139</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.   |   |                                 |   |   |  |
| SIGNATURE  DATE <b>3/21/05</b><br><small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |                                 |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |   |                                 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees  |   |  |
| 10. OFFICERS AND DIRECTORS  |   |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>LEMMEY, GLORIA<br>7133 BAY DRIVE STE 604<br>MIAMI BEACH, FL 33141 | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | D.P. LEMMEY<br>1250 WEST AVE STE 15-K<br>MIAMI BEACH FL 33139                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |                                 |   |   |  |
| SIGNATURE:  Date <b>3/21/05</b> Daytime Phone # <b>305 531 9344</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |   |                                 |   |   |  |

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