## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P03000078125 1. Entity Name SOUND OFF AUDIO, INC.

FILED Jan 13, 2006 08:00 AM Secretary of State

Principal Place of Business

19320 SR 20 W BLOUNSTOWN, FL 32424 Mailing Address

19320 SR 20 W \* BLOUNSTOWN, FL 32424



01092006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1196912 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145

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8. The above the obligat	named entity submits this statement for the p tions of registered agent.	urpose of changing its registered o	ffice or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	f applicable. (NOTE: Registered Age	nt signatun	e required when reinstating)	DATE
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	, 🗆	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS			· - ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAYFIELD, MATHEW R 19320 SR 20 W BLOUNSTOWN, FL 32424				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD LAYFIELD, DARA R 19320 SR 20 W BLOUNSTOWN, FL 32424				U00000385466 01/18/06-8001?-021 <sub>,</sub> 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

STREET ADDRESS CITY-ST-ZIP

Oara Layfield

1/10/04