


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90212 010 ***150.00

DOCUMENT # P03000115340		
1. Entity Name THE SCREEN QUEEN, INC.		

Principal Place of Business 320 EDGEWOOD DR FREEPORT, FL 32439 US	Mailing Address PO BOX 770 FREEPORT, FL 32439 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03292006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent INGRAM, JR, DOUGLAS T 412 S PALM BLVE NICEVILLE, FL 32578		7. Name and Address of Now Registered Agent Name: Douglas T. Ingram, Jr. Street Address (P.O. Box Number is Not Acceptable): 912 S. Palm Blvd. City: Niceville FL 32578	
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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: Douglas T. Ingram, Jr. DATE: 3/29/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOLT, KIMBERLY 320 EDGEWOOD DR FREEPORT, FL 32439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

SIGNATURE: Kimberly Holt DATE: Apr 25, 2006 DAYTIME PHONE #: 850-855-5001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR