


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90188 049 ***150.00

DOCUMENT # P03000133155

1. Entity Name
PUMKIN RECORDS, INC.



Principal Place of Business
**500 BUCKINGHAM AVE.
 OLDSMAR, FL 34677**

Mailing Address
**PO BOX 645
 OLDSMAR, FL 34677**



2. Principal Place of Business 8801 Hunters Lake Dr		3. Mailing Address POB 645	
Suite, Apt. #, etc. APT 1124		Suite, Apt. #, etc.	
City & State Tampa FL		City & State Oldsmar FL	
Zip 33647	Country Hillshorough	Zip 34677	Country Pinellas

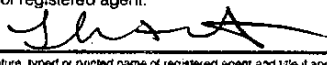
01092006 Chg-P CR2E034 (11/05)

4. FEI Number
55-0851694

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent CHERRIER, JAYMEE 500 BUCKINGHAM AVE. OLDSMAR, FL 34677		7. Name and Address of New Registered Agent Name THOMAS SMITH Street Address (P.O. Box Number is Not Acceptable) 8801 HUNTERS LAKE DR APT 1124 City TAMPA FL Zip Code 34647	
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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.

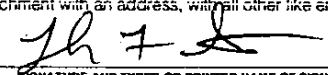
SIGNATURE:  **1-9-6**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	NAME CHERRIER, JAYMEE	TITLE	NAME VP THOMAS SMITH
STREET ADDRESS 500 BUCKINGHAM AVE	CITY-ST-ZIP OLDSMAR, FL 34677	STREET ADDRESS 8801 HUNTERS LAKE DR APT 1124	CITY-ST-ZIP TAMPA FL 33647
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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:  **1/9/6 727 271 3258**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #