2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 13, 2006 8:00 am Secretary of State **DOCUMENT # P04000003438** 1. Entity Name 04-13-2006 90279 024 ***150.00 E - STUDIO89 INC. Principal Place of Business Mailing Address 2535 US 18 NORIH1 2535 US 18 NORTH 1 CLEARWATER, FL 33763 CLEARWATER, FL 33763 3. Mailing Address 2. Principal Place of Business US HHY 19N 25350 Suite, Apt. #, etc. Suite, Apt. #, etc. 04012006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For CLEARHATER 20-0566070 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33763 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ADAM VITE2SLAV ADAM, VITEZSLAV Street Address (P.O. Box Number is Not Acceptable) 25350 US 18 NORTH #4G CLEARWATER, FL 33763 25350 US HWY 19 N 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. 04/01/06 DATE REGISTRED AGENT SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition TITLE ☐ Delete TITLE ADAM, VITEZSLAV NAME NAME 25350 US HUY 19 N # 49 25350 US 187A NORTH #4G STREET ADDRESS STREET ADDRESS CLEARUATER, FL 33763 CITY-ST-ZIP CLEARWATER, FL 33763 CITY-ST-ZIP ☐ Delete TITLE TITL F ☐ Addition NAME HASTIK, MARTIN NAME 25350 US HUY 19 N #49 CLEARUATER FL 33763 25350 US 1874 NORTH #4G STREET ADDRESS STREET ADDRESS CLEARWATER, FL 33763 CITY-ST-ZIP CITY-ST-ZIP TITLE-Delete TITLE NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

FILED