## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000016895

City-St-Zip:

GOTHA, FL 32734

FILED Mar 12, 2009 Secretary of State

Entity Name: TOXIC AUDIO, INC. **Current Principal Place of Business: New Principal Place of Business:** 2811 BERGENFIELD CT. ORLANDO, FL 32835 **Current Mailing Address: New Mailing Address:** 20 N. ORANGE AVENUE SUITE 600 ORLANDO, FL 32801 FEI Number: 90-0136488 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HENDRY, STONER CALANDRINO & BROWN, P.A. HENDRY, STONER & BROWN, P.A. 20 N. ORÂNGE AVENUE 20 N. ORÁNGE AVENUE SUITE 600 SUITE 600 ORLANDO, FL 32801 US ORLANDO, FL 32801 US 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. SIGNATURE: HENDRY, STONER & BROWN, P.A. 03/12/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition MAILHOT-VALINES, MICHELLE Name: Name: 2811 BERGENFIELD Address: Address: City-St-Zip: ORLANDO, FL 32835 City-St-Zip: Title: Title: () Delete () Change () Addition Name: JAMES, JEREMY Name: 1606 THOROUGHBREAD DR Address: Address: GOTHA, FL 32734 City-St-Zip: City-St-Zip: Title: Title: D. S ( ) Delete () Change () Addition JAMES, SHALISA S Name: Name: 1606 THOROUGHBREAD DR Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: MICHELLE MAILHOT-VALINES DPT 03/12/2009