


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000048719**  
 1. Entity Name  
**NAUTILUS STUDIOS, INC.**



Principal Place of Business      Mailing Address  
**1400 COLONIAL BLVD STE 58**      **1400 COLONIAL BLVD STE 58**  
**FT MYERS, FL 33907**                      **FT MYERS, FL 33907**

**DO NOT WRITE IN THIS SPACE**



02282006      No Chg-P      CR2E034 (11/05)  
 4. FEI Number      Applied For  
**73-1699522**                      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**THOMAS, HUGH**  
**1400 COLONIAL BLVD STE 58**  
**FT MYERS, FL 33907**

**DO NOT WRITE IN THIS SPACE**

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

**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**

110000048725  
 03/22/06-80047-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	THOMAS, HUGH
STREET ADDRESS	1400 COLONIAL BLVD STE 58
CITY - ST - ZIP	FT MYERS, FL 33907
TITLE	D
NAME	THOMAS, SUSANNE
STREET ADDRESS	1400 COLONIAL BLVD STE 58
CITY - ST - ZIP	FT MYERS, FL 33907
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susanne Thomas* **Susanne Thomas, secretary**      3-9-06      239.275.77  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #