## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 08, 2005 8:00 am Secretary of State

DOCUMENT # P04000082962  1. Entity Name JOYFUL NOISE PRODUCTIONS, INC.					02-08-2005 90011 011 ***150.00			
Principal Place	e of Business	Mailing Address						
2912 ROUEN AVE. MELBOURNE, FL 32935		2912 ROUEN AVE. MELBOURNE, FL 32935				500	117	90
2. Principal Place of Business		3. Mailing Address						
Suite, Apt, #, etc.		Suite, Apt. #, etc.		01102005	Chg-P	CR2E034	(10/03)	
City & State		City & State		4. FEI Numb	5941909		<b>→</b>	plied For t Applicable
Zíp	Country	Zip	Country	5. Certificate	of Status Desired		.75 Add	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New R	egistered Age	nt	
OAKEY, MARTHA A			Name	Name				
2912 ROU			Street Add	dress (P.O. Box Numb	er is Not Acceptable	·)		
WILLBOOM	W4E, 1 E 02000							
			City			FL	Zip Code	9
	named entity submits this statement for ions of registered agent.	or the purpose of changing its re	egistered office or re	egistered agent, or bo	th, in the State of Flo	rida. I am lam	iliar with,	and accept
CICNIATURE								
SIGNATURE_	Signature, typed or printed name of registered agent	and little if applicable (NOTE, F	Registored Agent signature	required when reinstating)		DATE		<del></del> ·
FIL	Signature, typed or printed name of registered agent E NOW!!! FEE IS \$150.00 by 1, 2005 Fee will be \$550.	9. Election Campaign	n Financing	\$5.00 May Be Added to Fees		DATE		
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign Trust Fund Contrib	n Financing	\$5.00 May Be Added to Fees	CHANGES TO OFF		RECTORS	SIN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

BRIAN J. OAKE Y PRESIDENT-DIRECTOR
DIPPENTED NAME OF SIGNING OFFICER ON DIRECTOR

2/4/2005 3

321-255-4448