

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000103975

Entity Name: SWITCH PRODUCTIONS, INC.

FILED  
Apr 04, 2007  
Secretary of State

## Current Principal Place of Business:

POST OFFICE BOX 1194  
BARTOW, FL 33831

## New Principal Place of Business:

6549 TANGLEWOOD BAY DRIVE  
#1523  
ORLANDO, FL 32821

## Current Mailing Address:

POST OFFICE BOX 1194  
BARTOW, FL 33831

## New Mailing Address:

6549 TANGLEWOOD BAY DRIVE  
#1523  
ORLANDO, FL 32821

FEI Number: 59-0705213

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PROFESSIONAL TAX CONSULTANTS  
112 AVENUE E S.W.  
WINTER HAVEN, FL 33880 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: BEASLEY, MICHAEL D  
Address: 6815 SR.60 EAST, LOT 474  
City-St-Zip: BARTOW, FL 33830

Title: S&T ( ) Delete  
Name: BEASLEY, CAROLYN J  
Address: 6815 SR 60 EAST, LOT 474  
City-St-Zip: BARTOW, FL 33830

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: BEASLEY, MICHAEL D  
Address: 6459 TANGLEWOOD BAY DRIVE #1523  
City-St-Zip: ORLANDO, FL 32821

Title: S&T (X) Change ( ) Addition  
Name: BEASLEY, CAROLYN J  
Address: 6549 TANGLEWOOD BAY DRIVE #1523  
City-St-Zip: ORLANDO, FL 32821

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: CAROLYN J. BEASLEY

SECY

04/04/2007

Electronic Signature of Signing Officer or Director

Date