

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90167 048 ***150.00

DOCUMENT # P04000104184

1. Entity Name

ELECTRIC BLUE RECORDS, INC.



Principal Place of Business

~~5036 DOCTOR PHILLIPS BLVD. #239~~
ORLANDO FL 32819

Mailing Address

~~5036 DOCTOR PHILLIPS BLVD. #239~~
ORLANDO FL 32819



2. Principal Place of Business

6450 ROYAL TERN ST.

Suite, Apt. #, etc.

3. Mailing Address

6450 ROYAL TERN ST.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

20-1387743

Applied For

Not Applicable

Zip

32810

Country

USA

Zip

32810

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CECALA, PEGGY
6450 ROYAL TERN STREET
ORLANDO FL 32810

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

Peggy CECALA

(Not Registered Agent signature required when reinstating)

Peggy CECALA

4.24.6

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PVST
CECALA, PEGGY
6450 ROYAL TERN STREET
ORLANDO FL 32810

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peggy CECALA

Date

4.24.6

Daytime Phone #

407.391.1463