2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000106315

Entity Name: STILL RUNNIN ENTERTAINMENT, INC.

FILED May 25, 2006 Secretary of State

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Current Principal Place of Business:			New Prince	New Principal Place of Business:	
1905 NW 26TH AVE OCALA, FL 34475 US			1713 E. SILVER SPRINGS BLVD SUITE #8 OCALA, FL 34470 US		
Current Mailing Address:			New Mailing Address:		
P.O. BOX 356 OCALA, FL 34478					
FEI Number: 20-1383856 FEI Number Applied For () FEI Numb			umber Not App	nber Not Applicable () Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CROCKETT, TORRE S 1905 NW 26TH AVE OCALA, FL 34475 US					
The above in the State		submits this statement for the purpose	of changing i	ts registered office or registered agent, or both,	
SIGNATURE:					
Electronic Signature of Registered Agent				Date	
Election Can	npaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSD () CROCKETT, TO 1905 NW 26TH OCALA, FL 344	AVE	Title: Name: Address: City-St-Zip:	PD (X) Change () Addition CROCKETT, TORRE S 1905 NW 26TH AVE OCALA, FL 34475 US	
Title: Name: Address: City-St-Zip:	VD () JENKINS, JERE 16306 STONEB SANFORD, FL	ROOK DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () GREENE, DUSH 2602 NW 21ST CCALA, FL 344	STREET	Title: Name: Address: City-St-Zip:	TD (X) Change () Addition GREENE, DUSHON L 2602 NW 21ST STREET CCALA, FL 34475 US	
Title: Name: Address: City-St-Zip:	TD () GREEN, RILEY 5451 NW 12TH OCALA, FL 344	PLACE	Title: Name: Address: City-St-Zip:	D (X) Change () Addition GREEN, RILEY L JR. 5451 NW 12TH PLACE OCALA, FL 34482 US	
Title: Name: Address: City-St-Zip:	D () SHAW, JOHN H 2321 NE 39TH S OCALA, FL 344	ST .	Title: Name: Address: City-St-Zip:	SD (X) Change () Addition SHAW, JOHN H JR. 2321 NE 39TH ST OCALA, FL 34479 US	
Title: Name: Address: City-St-Zip:	D () BOSTIC, LAMAI 1964 SW FORT OCALA, FL 344	KING STREET	Title: Name: Address: City-St-Zip:	()Change ()Addition	

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: TORRE S. CROCKETT PD 05/25/2006