


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90547 002 ***150.00

DOCUMENT # P04000106639	
1. Entity Name EXIT SIX PRODUCTIONS, INC.	

Principal Place of Business 302 IOWA WOODS CR ORLANDO, FL 32428	Mailing Address 302 IOWA WOODS CR ORLANDO, FL 32824
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2. Principal Place of Business 1225 S. KIRKMAN Rd	3. Mailing Address 1225 S. KIRKMAN Rd
Suite, Apt. #, etc. APT # 1142	Suite, Apt. #, etc. APT # 1142
City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32811	Zip 32811
Country US	Country US

4441949



04292005 Chg-P CR2E034 (10/03)

4. FEI Number 201442399	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent AGUILERA, JENNY MS 302 IOWA WOODS CR ORLANDO, FL 32824	7. Name and Address of New Registered Agent Name AGUILERA, VICTOR M. Street Address (P.O. Box Number is Not Acceptable) 1225 S. KIRKMAN Rd. APT # 1142 City ORLANDO FL Zip Code 32811
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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 *Victor Aguilera* (NOTE: Registered Agent signature required when reinstating) DATE **4/28/05**

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGUILERA, VICTOR M 302 IOWA WOODS CR ORLANDO, FL 32824 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1225 S. KIRKMAN Rd. # 1142 Orlando, FL 32811 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PV MESEN, DANIEL J 302 IOWA WOODS CR ORLANDO, FL 32824 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Victor Aguilera* **4/28/05** **321 2972921**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #