


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000127300 1. Entity Name KICKIN' TICKETS, INC.	
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Principal Place of Business 2519 MCMULLEN BOOTH RD 510-205 CLEARWATER, FL 33761	Mailing Address 2558 KNOTTY PINE WAY CLEARWATER, FL 33761
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01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1610464	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent IMBURGIA, MARY 2558 KNOTTY PINE WAY CLEARWATER, FL 33761
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IN THIS SPACE**

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 Mary J. Imburgia DATE 1-20-06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IMBURGIA, ADAM 3588 ROLLING TRAIL PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IMBURGIA, DANIELLE 3588 ROLLING TRAIL PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IMBURGIA, MARY 2558 KNOTTY PINE WAY CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IMBURGIA, PETER 2558 KNOTTY PINE WAY CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/07/06-80031-004 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Mary J. Imburgia DATE 1-20-06 DAYTIME PHONE # 727-669-0035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR