


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90035 001 \*\*\*158.75

<b>DOCUMENT # P04000127300</b> 1. Entity Name <b>KICKIN' TICKETS, INC.</b>			
Principal Place of Business <b>2519 MCMULLEN BOOTH RD 510-205 CLEARWATER, FL 33761</b>		Mailing Address <b>2558 KNOTTY PINE WAY CLEARWATER, FL 33761</b>	
2. Principal Place of Business - No P.O. Box # <b>2558 KNOTTY PINE WAY</b> Suite, Apt. #, etc. <b>CLEARWATER</b> City & State <b>FLORIDA</b> Zip <b>33761</b>		3. Mailing Address <b>2519 MCMULLEN BOOTH RD</b> Suite, Apt. #, etc. <b>510-205</b> City & State <b>CLEARWATER, FLORIDA</b> Zip <b>33761</b>	
4. FEI Number <b>20-1610464</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		01272007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>IMBURGIA, MARY 2558 KNOTTY PINE WAY CLEARWATER, FL 33761</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>	
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 <u><i>Mary J. Imburgia</i></u> <span style="float: right;">1-27-07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>IMBURGIA, ADAM 3588 ROLLING TRAIL PALM HARBOR, FL 34684</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D/PRESIDENT ADAM IMBURGIA 3588 ROLLING TRAIL PALM HARBOR, FL 34684</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>IMBURGIA, DANIELLE 3588 ROLLING TRAIL PALM HARBOR, FL 34684</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D/VICE PRESIDENT DANIELLE IMBURGIA 3588 ROLLING TRAIL PALM HARBOR, FL 34684</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>IMBURGIA, MARY 2558 KNOTTY PINE WAY CLEARWATER, FL 33761</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D/SECRETARY MARY IMBURGIA 2558 KNOTTY PINE WAY CLEARWATER, FL 33761</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>IMBURGIA, PETER 2558 KNOTTY PINE WAY CLEARWATER, FL 33761</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D/TREASURER/CFO PETER IMBURGIA 2558 KNOTTY PINE WAY CLEARWATER, FL 33761</b>
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
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: <u><i>Mary J. Imburgia</i></u> <b>MARY J. IMBURGIA</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1-27-07 727.669-0035 <small>Date Daytime Phone #</small>	