2005 FOR PROFIT CORPORATION ANNUAL REPORT

of the corporation or the receiver or trustee empowered changed, or on an attachment with an address, with all

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

03-28-2005 90050 039 ***150 00 **DOCUMENT # P04000136430** 1. Entity Name HI VOLTAGE AUDIO, INC. 40033364 Mailing Address Principal Place of Business 980 N FEDERAL HIGHWAY SUITE 208 980 N FEDERAL HIGHWAY SUITE 208 BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222005 Cha-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 20 Not Applicable Country Country Zip Zip \$8.75. Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Kennotn HCRM CORP ess (P.O. Box Number is Not Acceptable 2200 NW CORPORATE BLVD SUITE 401 BOCA RATON, FL 33431 City 8. The above named envi 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) nature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Kenneth Hudson □ Change P. 980N. Federal Ituy # 208 130ca Ratm Pl 3343 > PKenneth Hudson TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF JOANNE WILLIAM Change PAddition TITLE ☐ Delete TITLE VΡ NAME NAME 980 n. Federal Huy #208 STREET ADDRESS STREET ADDRESS Boca Raton 1 PZ 33432 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ~ □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ___ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 accordate 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 a required so, with all other like empowered.

FILED

Mar 28, 2005 8:00 am Secretary of State

361620