

FILED
Mar 30, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000145611

1. Entity Name

RIGHT BRAIN LEFT BRAIN INTERACTIVE, INC.



Principal Place of Business

**663 AVENUE I NW
WINTER HAVEN, FL 33881**

Mailing Address

**717 EAST OAK STREET
KISSIMMEE, FL 34744**



02082006 No Chg-P CR2E034 (11/05)

4. FEI Number

20-1780284

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**KOVALIC, LESLIE
663 AVENUE I NW
WINTER HAVEN, FL 33881**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE PSD
NAME KOVALIC, LESLIE
STREET ADDRESS 663 AVENUE I NW
CITY-ST-ZIP WINTER HAVEN, FL 33881**

**TITLE TD
NAME BRYANT, SHAWN
STREET ADDRESS 663 AVENUE I NW
CITY-ST-ZIP WINTER HAVEN, FL 33881**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**000000485682
04/13/06-80004-024 150.00**

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Leslie Kovalic