


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 14, 2006 8:00 am**  
**Secretary of State**

09-14-2006 90002 040 \*\*\*150.00

<b>DOCUMENT # P04000157687</b>					
<b>1. Entity Name</b> DRAK BOY RECORDS, INC.					
<b>Principal Place of Business</b> 230 W. JEAN ST. TAMPA, FL 33604			<b>Mailing Address</b> 230 W. JEAN ST. TAMPA, FL 33604		
<b>2. Principal Place of Business</b> 7002 N. Nebraska		<b>3. Mailing Address</b> 7002 N. Nebraska Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Tampa, FL		<b>City &amp; State</b> Tampa, FL		<b>4. FEI Number</b> 20-1849452	
<b>Zip</b> 33604		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  TYSON, RONNARDO 230 W. JEAN ST. TAMPA, FL 33604			<b>7. Name and Address of New Registered Agent</b> Name: <u>DONNIE LATTIMORE</u> Street Address (P.O. Box Number is Not Acceptable): <u>7002 N. Nebraska Ave.</u> City: <u>Tampa</u> <b>FL</b> <u>33604</u>		
<b>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.</b> SIGNATURE: <u>[Signature]</u> <u>Donnie Lattimore</u> <u>8/15/06</u> <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 Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TYSON, RONNARDO 230 W. JEAN ST. TAMPA, FL 33604	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TYSON, RONNARDO 7002 N. NEBRASKA AVE. TAMPA, FL 33604	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LATTIMORE, DONNIE 230 W. JEAN ST. TAMPA, FL 33604	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LATTIMORE, DONNIE 7002 N. NEBRASKA AVE. TAMPA, FL 33604	<input checked="" 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
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
<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u>			<u>DONNIE LATTIMORE (813) 245-3581</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		