2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # P05000012 VE PRODUCTIONS, INC.			04-25-200	7 90204 015 ***1	150.00	
Principal Plac	e of Business	Mailing Address		30,	, - -		
1430 WEST BUSCH BLVD. 1717 LAKEVIEW ROAD SUITE E CLEARWATER, FL 33756			ie.				
TAMPA, FL	33612	CLLARWATER, IL 3373	10		ıcı sırıl esin ceni esin	ı Berbi Maia Medi ibliə bilbi is	1 8 6] 8 6
Principal Place of Business - No P.O. Box # 3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03212007	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Number 20-22283	101	}—	oplied For
Zip	Country	Zip	Country	5. Certificate of		\$8.75 Add	titional
	6. Name and Address of Curren	Registered Agent		7. Name and A	ddress of New R		
BASS, BR	ENDA L		Muchael Mulis				
3535 HARKEN CIRCLE TAMPA, FL 33607			Street Addres	ss (P.Q. Box Number.i	s Not Acceptable)	
IAWIFA, F	L 33007						
City Clean				nrwater		FL Zig Cod	" 5 _</td
	named entity submits this statement f	or the purpose of changing its i			in the State of Flo	rida. I am familiar with,	and accept
	hicelal	Mula	1 Dasilo	1	4/2	0/07	
SIGNATURE.	Signature, typed or printed name of registered agen	t and little if applicable. (NOTE	Tegistered Agent signature requ	ured when reinstating)		DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campaig Trust Fund Contr		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11.		ANGES TO OFFI	CERS AND DIRECTOR		
TITLE NAME	P BASS MULLIS, BRENDA	Delete	NAME ON	sident chael Mullis		Change	Addition
STREET ADDRESS	1717 LAKEVIEW ROAD		STREET ADDRESS	chael Mullis 7 Lakeview Ro	22-15 €		
CITY-ST-ZIP	CLEARWATER, FL 33756	☐ Delete	CITY-ST-ZIP CLE	earwater, FL	20106		Addition
NAME	MULLIS, MICHAEL	☐ Delete	NAME			□1 change	☐ Augulun
STREET ADDRESS	1717 LAKEVIEW ROAD CLEARWATER, FL 33756		STREET ADDRESS CITY - ST - ZIP				
TITLE	OLD WATER, TE SOTO	☐ Delete	TITLE		—	☐ Change	Addition
NAME			NAME CARSET ADORESS				
STREET AD/DRESS CITY+ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP			CITY-SI-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Change	Addition
STREET ADDRESS			STREET ADDRESS				
CITY+SI-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			Change	Addition
STREET ADDRESS			STREET ADDRESS				

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.

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/07 812-743-5878