
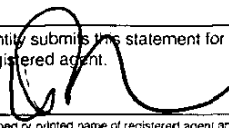
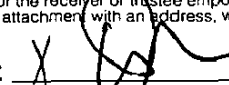


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90068 004 ***150.00

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|--|--|---------------------------------|--|---|--|
| DOCUMENT # P05000019405 1. Entity Name CREATIVE AUDIO SOLUTIONS, INC. | | | |  | |
| Principal Place of Business 104 MEMORIAL PKWY SW UNIT 2 FORT WALTON BEACH, FL 32548 | | | Mailing Address 104 MEMORIAL PKWY SW UNIT 2 FORT WALTON BEACH, FL 32548 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 20-2307754 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent JOHNSON, WALTER III 989 ROCKPORT DR APT #4 FORT WALTON BEACH, FL 32547 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1912 Spiller Way City Fort Walton Bch FL Zip Code 32547 | |
| 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>X</u>  (NOTE: Registered Agent Signature required when reinstating) DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$650.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVP JOHNSON, WALTER III 104 MEMORIAL PKWY SW UNIT 2 FORT WALTON BEACH, FL 32548 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D Alex Gonzales 38 NW Memorial Pkwy Ft. Walton Bch FL 32548 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Jonas Abbot 938 McFadden Ave Ft Walton Bch FL 32547 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Jonas Abbot 938 McFadden Ave Ft Walton Bch FL 32547 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Jonas Abbot 938 McFadden Ave Ft Walton Bch FL 32547 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP Jonas Abbot 938 McFadden Ave Ft Walton Bch FL 32547 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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| 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>X</u>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date _____ Daytime Phone # _____ | | | | | |