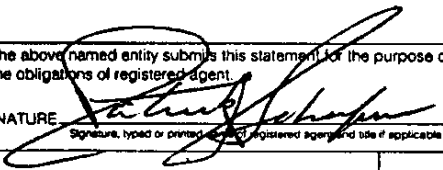
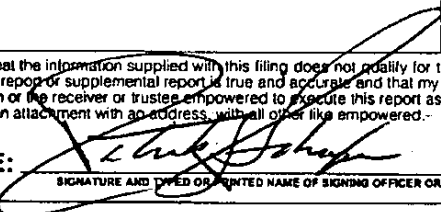


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-03-2006 90397 012 ***150.00

DOCUMENT # P05000022925			
1. Entity Name S L & P PRODUCTIONS, INC.			
Principal Place of Business 3380 SHERIDAN STREET HOLLYWOOD, FL 33021		Mailing Address 3380 SHERIDAN STREET HOLLYWOOD, FL 33021	
2. Principal Place of Business 3861 NW 3RD PLACE		3. Mailing Address S A	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DEERFIELD BEACH FL		City & State M E	
Zip 33442	Country USA	Zip	Country
4. FEI Number 76-0825206		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHAEFER, PATRICK J 3861 NW 3RD PLACE DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE 3-26-06 (NOTE: Registered Agent signature required when reinstating)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCHAEFER, LEE F #14 LINDEN CT FT THOMAS, KY 41075 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PATRICK J. SCHAEFER 3861 NW 3RD PLACE DEERFIELD BEACH, FL 33442 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FREDRICKS, SKIP 1746-F S VICTORIA AVE #187 VENTURA, CA 93003 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KIELY, KIM 4021 NW 62ND CT COCONUT CREEK, FL 33073 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		PATRICK J SCHAEFER 3/24/06 954 296-5179	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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