

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000054741

Entity Name: MAXINE MEDIA INC.

FILED  
Jul 25, 2006  
Secretary of State

## Current Principal Place of Business:

700 E. ATLANTIC BLVD., SUITE 102  
POMPANO BCH, FL 33060

## New Principal Place of Business:

2000 N. STATE RD 7  
LAUDERDALE LAKES, FL 33313

## Current Mailing Address:

700 E. ATLANTIC BLVD., SUITE 102  
POMPANO BCH, FL 33060

## New Mailing Address:

C/O MAXINE KNOWLES 2000 N. ST RD 7  
POMPANO BCH, FL 33313

FEI Number: 74-3145016

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 US

## Name and Address of New Registered Agent:

KNOWLES, MAXINE  
C/O MAXINE KNOWLES 2000 N. ST RD 7  
LAUDERDALE LAKES, FL 33313 US

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.

SIGNATURE: MAXINE KNOWLES

07/25/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KNOWLES, MAXINE  
Address: 700 E. ATLANTIC BLVD., SUITE 102  
City-St-Zip: POMPAN0 BCH, FL 33060

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: KNOWLES, MAXINE  
Address: 2000 N. STATE RD 7  
City-St-Zip: LAUDERDALE LAKES, FL 33313

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAXINE KNOWLES

D

07/25/2006

Electronic Signature of Signing Officer or Director

Date