2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2006
Secretary of State

DOCUMENT# P05000088655

Entity Name: FIRE HOUSE STUDIOS, INC

Current Principal Place of Business:

P. O. BOX 590565
TAMARAC, FL 33359

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 590565
TAMARAC, FL 33359

New Mailing Address:

FEI Number: 20-3410494 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARCHER, WYNEATA
8900 NW 24TH ST.
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: JAMES, CLIFTON
Address: P. O. BOX 590565
City-St-Zip: TAMARAC, FL 33359

Title: VD ( ) Delete
Name: FAIR, EMERSON
Address: 8900 NW 24TH ST.
City-St-Zip: SUNRISE, FL 33322

Title: O ( ) Delete
Name: CORNIELLE, PHILLIP
Address: P. O. BOX 590565
City-St-Zip: TAMARAC, FL 33359

Title: O ( ) Delete
Name: DAWSON, REGGIE
Address: P. O. BOX 590565
City-St-Zip: TAMARAC, FL 33359

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CLIFTON JAMES PD 04/23/2006

Electronic Signature of Signing Officer or Director Date