2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# P05000096527

Entity Name: ULTIMATE VIDEO SHOWCASE INC.

Current Principal Place of Business:

309 STREAMVIEW WAY
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

309 STREAMVIEW WAY
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 20-3128227 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

CELLUCCI, CLAUDIO D
309 STREAMVIEW WAY
WINTER SPRINGS, FL 32708 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: CLAUDIO D. CELLUCCI 05/01/2006
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: P ( ) Delete
Name: CELLUCCI, CLAUDIO
Address: 309 STREAMVIEW WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: V ( ) Delete
Name: REEVES, MARY
Address: 309 STREAMVIEW WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: STD ( ) Delete
Name: CELLUCCI, ANGELA
Address: 309 STREAMVIEW WAY
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: CELLUCCI, CLAUDIO D
Address: 309 STREAMVIEW WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: V (X) Change ( ) Addition
Name: CELLUCCI, ANGELA S
Address: 309 STREAMVIEW WAY
City-St-Zip: WINTER SPRINGS, FL 32708

Title: STD (X) Change ( ) Addition
Name: CELLUCCI, ANGELA S
Address: 309 STREAMVIEW WAY
City-St-Zip: WINTER SPRINGS, FL 32708

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: ANGELA S. CELLUCCI V 05/01/2006
Electronic Signature of Signing Officer or Director Date