


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90111 047 ***158.75

DOCUMENT # P05000097015	
1. Entity Name HALF-HOUR CUSTOM AUDIO AND ACCESSORIES, INC.	

Principal Place of Business 6900 HERITAGE DRIVE STE B PT ST LUCIE, FL 34983	Mailing Address 6900 HERITAGE DRIVE STE B PT ST LUCIE, FL 34983
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2. Principal Place of Business 6900 HERITAGE DRIVE Suite, Apt. #, etc. SUITE B City & State PT. ST. LUCIE, FL Zip 34952 Country USA	3. Mailing Address 6900 HERITAGE DRIVE Suite, Apt. #, etc. SUITE B City & State PT. ST. LUCIE, FL Zip 34952-8205 Country USA
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01162006 Chg-P CR2E034 (11/05)

4. FEI Number 65-1254960	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SAVELA, DALE J 6900 HERITAGE DRIVE STE B PT ST LUCIE, FL 34983	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAVELA, DALE J 211 NW LINCOLN AVE PT ST LUCIE, FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P SAVELA, DALE J. 211 NW LINCOLN AVE. PT ST LUCIE, FL 34983 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/M/D SAVELA, AARON W. 542 SE VOLKERTS TERR PT. ST. LUCIE, FL 34983 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S/D SAVELA, DARLLEEN 211 NW LINCOLN AVE PT. ST. LUCIE, FL 34983 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Dale J. Savela* **4/18/06** **(772) 879-0410**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #