

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000101557

1. Entity Name
KORNER BOY ENTERTAINMENT, INC.



**FILED
May 03, 2006 8:00 am
Secretary of State**

05-03-2006 90202 037 ***158.75



01102006 Chg-P CR2E034 (11/05)

Principal Place of Business
2120 NW 60TH AVE
OCALA, FL 34482

Mailing Address
P.O. BOX 6935
OCALA, FL 34478

2. Principal Place of Business
6663 NW 60th St.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Ocala, FL
Zip 34482 Country US

Zip
Country

4. FEI Number
20-3185013
Applied For
Not Applicable

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALL, SHONDA R
2120 NW 60TH AVE
OCALA, FL 34482

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE
3/22/06

**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 | CEO HALL, ALBERT JR. 2120 NW 60TH AVE OCALA, FL 34482 | <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 | P HALL, SHONDA R 2120 NW 60TH AVE OCALA, FL 34482 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/06 352 209 4174