

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000108294

Entity Name: REEL TXME RECORDS, INC

FILED
Jan 09, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 620838
OVIEDO, FL 32762 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 620838
OVIEDO, FL 32762 US

New Mailing Address:

FEI Number: 20-3243063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, BONITA E
1898 SHADOW PINE CT
OVIEDO, FL 32766 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: P () Delete
Name: JOHNSON, BONITA E
Address: 1898 SHADOW PINE CT.
City-St-Zip: OVIEDO, FL 32766

Title: VP () Delete
Name: FREEZE-LOWMAN, ESPERANZA M
Address: 1435 GLENMORE DRIVE
City-St-Zip: APOPKA, FL 32712

Title: SEC () Delete
Name: FREEZE, REBEKAH
Address: 108 LISA LOOP
City-St-Zip: WINTER SPRINGS, FL 32708

Title: OFF () Delete
Name: LOWMAN, JIMMIE L
Address: 1435 GLENMORE DRIVE
City-St-Zip: APOPKA, FL 32712

Title: TRES () Delete
Name: FREEZE, MILDRED
Address: 108 LISA LOOP
City-St-Zip: WINTER SPRINGS, FL 32708

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:

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: BONITA JOHNSON

PRES

01/09/2006

Electronic Signature of Signing Officer or Director

Date