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Apr 27, 2006 8:00 am
Secretary of State

04-10-2006 90328 007 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000122641

1. Entity Name
FOSTER ENTERTAINMENT, INC.

66012059

Principal Place of Business	Mailing Address
~~502 OBO DRIVE~~ DAVENPORT, FL ~~33896~~	~~502 OBO DRIVE~~ DAVENPORT, FL ~~33896~~

03292006 Chg-P CR2E034 (11/05)

2. Principal Place of Business: 636 Aster Drive		3. Mailing Address: 636 Aster Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 33897	Country	Zip 33897	Country

4. FEI Number 203487917 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FOSTER, GLEN O II
~~505 OBO DRIVE~~
DAVENPORT, FL 33896

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 636 Aster Drive
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] 4/5/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	PTD FOSTER, GLEN O II ~~502 OBO DRIVE~~ DAVENPORT, FL ~~33896~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	636 Aster Drive 33897	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPSD FOSTER, LIDIA S ~~502 OBO DRIVE~~ DAVENPORT, FL ~~33896~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	636 Aster Drive 33897	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Glen O Foster 4/5/06 863 206-2632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #