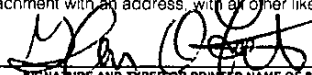


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000122641		
1. Entity Name FOSTER ENTERTAINMENT, INC.		
Principal Place of Business 636 ASTER DRIVE DAVENPORT, FL 33897 US		Mailing Address 636 ASTER DRIVE DAVENPORT, FL 33897 US
DO NOT WRITE IN THIS SPACE		
		03132007 No Chg-P CR2E034 (11/05)
		4. FEI Number 20-3487917
		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
FOSTER, GLEN O II 636 ASTER DRIVE DAVENPORT, FL 33897		DO NOT WRITE IN THIS SPACE
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 		4/16/2007
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD FOSTER, GLEN O II 636 ASTER DRIVE DAVENPORT, FL 33897	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPSD FOSTER, LIDIA S 636 ASTER DRIVE DAVENPORT, FL 33897	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
DO NOT WRITE IN THIS SPACE		
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: 		4/16/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date
		Daytime Phone # 063-206-2432