# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 10, 2007**
**Secretary of State**

DOCUMENT# P05000139636

**Entity Name:** JAWBONE PRODUCTIONS INC

**Current Principal Place of Business:**

2455 SW 57 WAY
WEST PARK, FL 33023

**New Principal Place of Business:**

**Current Mailing Address:**

2455 SW 57 WAY
WEST PARK, FL 33023

**New Mailing Address:**

**FEI Number: 42-1681692** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHINLOY, HERMAN
1280 SW 177TH TERRACE
PEMBRROKE PINES, FL 33029 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: SAMPSON, WESLEY
Address: 1280 SW 177TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP ( ) Delete
Name: CHINLOY, HERMAN
Address: 1280 SW 177TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP ( ) Delete
Name: SAMPSON, AVRIL
Address: 1280 SW 177TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP ( ) Delete
Name: CHINLOY, PAULETT
Address: 1280 SW 177TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition
Name: CHIN LOY, HERMAN C
Address: 1280 SW 177TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP (X) Change ( ) Addition
Name: SAMPSON, JAMAL O
Address: 1280 SW 177TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VP (X) Change ( ) Addition
Name: SAMPSON, KIMANI A
Address: 1280 SW 177TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029

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: KIMANI SAMPSON P 01/10/2007

Electronic Signature of Signing Officer or Director Date