

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000144891

FILED
Mar 06, 2006
Secretary of State

Entity Name: BLACK CIRCLE STUDIOS, INC.

Current Principal Place of Business:

2387 WHISPERING MAPLE DR
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

2387 WHISPERING MAPLE DR
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 02-0757128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDZAL, CHAIM
2387 WHISPERING MAPLE DR
ORLANDO, FL 32837 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: ZANCA, FRANK J
Address: 2387 WHISPERING MAPLE DR
City-St-Zip: ORLANDO, FL 32837

Title: V () Delete
Name: CAMPBELL, JOHN
Address: 2387 WHISPERING MAPLE DR
City-St-Zip: ORLANDO, FL 32837

Title: V () Delete
Name: LABAR, DAVID
Address: 2387 WHISPERING MAPLE DR
City-St-Zip: ORLANDO, FL 32837

Title: V () Delete
Name: BAERGA, JOSE
Address: 2387 WHISPERING MAPLE DR
City-St-Zip: ORLANDO, FL 32837

Title: V () Delete
Name: GOLDZAL, CHAIM
Address: 2387 WHISPERING MAPLE DR
City-St-Zip: ORLANDO, FL 32837

Title: V () Delete
Name: DENICOLA, ANTHONY
Address: 2387 WHISPERING MAPLE DR
City-St-Zip: ORLANDO, FL 32837

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
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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: FRANK J. ZANCA

PRES

03/06/2006

Electronic Signature of Signing Officer or Director

Date