

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000163101 1. Entity Name HOODIE MATCH RECORDS, CORP					
Principal Place of Business 817 NEW LAKE DRIVE BOYNTON BEACH, FL 33426			Mailing Address 817 NEW LAKE DRIVE BOYNTON BEACH, FL 33426		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number 203 948 802 Applied For <input type="checkbox"/> Not Applicable	
City & State Zip		City & State Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EINHORN, RAYMOND M 817 NEW LAKE DRIVE BOYNTON BEACH, FL 33426				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 15, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P EINHORN, RAYMOND M 817 NEW LAKE DRIVE BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300080038053 09/21/06--01050--018 **150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP EINHORN, RAYMOND P 1807 NW 21ST STREET BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC RAINEY, DANIEL P 817 NEW LAKE DRIVE BOYNTON BEACH, FL 33426	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIR	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES COCUZZA, GIUSEPPINA 23 BURNET STREET LIVINGSTON, NJ 07039	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SEC	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C.O.O. MARIANNE J. BACKMANN 7956 Sonoma Springs Cir. #105 LAKE WORTH, FL 33463	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition C.O.O. MARIANNE J. BACKMANN 7956 Sonoma Springs Cir. #105 LAKE WORTH, FL 33463	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 9/20/04	
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 9/5/06 Daytime Phone # 862 709 6253		

FILED
 2006 SEP 18 AM 10:45
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 09072006 Chg-P CR2E034 (11/05)