


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90207 034 \*\*\*150.00

<b>DOCUMENT # P05000163532</b>	
1. Entity Name <b>LION'S DEN PRODUCTION COMPANY</b>	

Principal Place of Business <b>4330 REFLECTIONS BLVD #108 TAMARAC, FL 33351</b>	Mailing Address <b>4330 REFLECTIONS BLVD #108 TAMARAC, FL 33351</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country


04302006	Chg-P	CR2E034 (11/05)
4. FEI Number <b>753206614</b>	Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		

6. Name and Address of Current Registered Agent <b>CHRISTIAN-NEWTON, ELLERY 4330 REFLECTIONS BLVD #108 TAMARAC, FL 33351</b>	
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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 _____	DATE _____
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIAN-NEWTON, ELLERY	NAME
STREET ADDRESS	4330 REFLECTIONS BLVD #108	STREET ADDRESS
CITY-ST-ZIP	TAMARAC, FL 33351	CITY-ST-ZIP
TITLE	D <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON, OTHIS D	NAME
STREET ADDRESS	4330 REFLECTIONS BLVD #108	STREET ADDRESS
CITY-ST-ZIP	TAMARAC, FL 33351	CITY-ST-ZIP
TITLE	M <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON, OMAR	NAME
STREET ADDRESS	4330 REFLECTIONS BLVD #108	STREET ADDRESS
CITY-ST-ZIP	TAMARAC, FL 33351	CITY-ST-ZIP
TITLE	M <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWTON, OTHIS JR.	NAME
STREET ADDRESS	4330 REFLECTIONS BLVD #108	STREET ADDRESS
CITY-ST-ZIP	TAMARAC, FL 33351	CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME
STREET ADDRESS		STREET ADDRESS
CITY-ST-ZIP		CITY-ST-ZIP

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.	
<b>SIGNATURE</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>4/29/06</b> Daytime Phone #