

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

4/2/2007-90062-048-\$150.00-\$150.00 \*  
4/25/2007-90163-021-\$150.00-\$150.00

<b>DOCUMENT # P05000166252</b> 1. Entity Name <b>YOUR TIME PRODUCTIONS, INC.</b>				  <div style="text-align: center;"> <b>FILED</b>   <b>07 JUN 13 PM 1:02</b>   <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div>	
Principal Place of Business <b>1123 HIDDEN COVE CIRCLE NORTH</b> <b>ATLANTIC BCH, FL 32233</b>		Mailing Address <b>1123 HIDDEN COVE CIRCLE NORTH</b> <b>ATLANTIC BCH, FL 32233</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <span style="float: right;"><input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</span>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04052007    Chg-P    CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>DOUGLAS, HEATHER N</b> <b>1123 HIDDEN COVE CIRCLE NORTH</b> <b>ATLANTIC BCH, FL 32233</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> 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: <u><i>Heather N Douglas</i></u> DATE: <u>4-22-07</u> <small>Signature, typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	PDST DOUGLAS, HEATHER N 1123 HIDDEN COVE CIRCLE NORTH ATLANTIC BCH, FL 32233	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Heather n Douglas 4423 Fulton Road JACKSONVILLE, FL 32225	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ERIC M Douglas 1123 Fulton Road JACKSONVILLE, FL 32225	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
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: <u><i>Heather N Douglas</i></u> DATE: <u>4-22-07</u> DAYTIME PHONE: <u>904 859-9055</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					