2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000039930

Entity Name: VONHENRY PRODUCTIONS, INC.

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

464 OVERBROOK STREET W 2174 NURSERY ROAD

BELLEAIR BLUFFS, FL 33770 US 102

CLEARWATER, FL 33764 US

Current Mailing Address: New Mailing Address:

2174 NURSERY ROAD 2840 WEST BAY DRIVE

BELLEAIR BLUFFS, FL 33770 US CLEARWATER, FL 33764 US

FEI Number: 20-4524537 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CHARNESKEY, HANK CHARNESKEY, HANK 464 OVERBROOK STREET W. 1457 NORMANDY PARK DRIVE BELLEAIR BLUFFS, FL 33770 US CLEARWATER, FL 33756 US

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: 04/28/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

() Delete

OFFICERS AND DIRECTORS:

PSTD

Title:

Title: (X) Change () Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

CHARNESKEY, HANK Name: CHARNESKEY, HANK

Name: 464 OVERBROOK STREET W. 1457 NORMANDY PARK DRIVE #3 Address: Address: City-St-Zip: BELLEAIR BLUFFS, FL 33770 US City-St-Zip: CLEARWATER, FL 33756 US

Title: VP D () Delete Title: (X) Change () Addition

Name: CHARNESKEY, YVONNE Name: CHARNESKEY, YVONNE

464 OVERBROOK STREET W. Address: 1457 NORMANDY PARK DRIVE #3 Address: BELLEAIR BLUFFS, FL 33770 US CLEARWATER, FL 33756 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: HANK CHARNESKEY **PRES** 04/28/2009