


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2007 8:00 am
Secretary of State

08-16-2007 90013 003 ***150.00

DOCUMENT # P06000060650
 1. Entity Name
AMAZING EVENTS ENTERTAINMENT INC.



Principal Place of Business
7652 PANTHERA COURT
ORLANDO, FL 32822 US

Mailing Address
7652 PANTHERA COURT
ORLANDO, FL 32822 US

2. Principal Place of Business - No P.O. Box #
3618 SOUTH POINTE DR
 Suite, Apt. #, etc.

3. Mailing Address
3618 SOUTH POINTE DR
 Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State
ORLANDO FL

Zip Country
32822 ORANGE

Zip Country
32822 ORANGE



08092007 Chg-P CR2E034 (12/06)

4. FEI Number
14-1968987 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LOCASCIO, FRANK
7652 PANTHERA COURT
ORLANDO FL, FL 32822

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
3618 SOUTH POINTE DR
 City **ORLANDO** FL Zip Code **32822**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$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 LOCASCIO, FRANK 7652 PANTHERA COURT 3618 SOUTH POINTE DR ORLANDO, FL 32822	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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: _____ **Pres J. J. L.** 8/9/07 (407) 927-9271
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #