2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

May 14, 2007 8:00 am Secretary of State DOCUMENT # P06000063100 1. Entity Name 05-14-2007 90068 042 ***150.00 STEEL THUNDER TV INC. Principal Place of Business Mailing Address 42 BEECHWOOD DR. 42 BEECHWOOD DR. ORMOND BEACH FL 32176 ORMOND BEACH FL 32176 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1332 FAIRWAY AVE CR2E034 (10/06) 1st MOORE City & State 4. FEI Number Applied For RMOND BEACH 20-482 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ACHGO PACHECO, JACK 42 BEECHWOOD DR. ORMOND BEACH FL 32176 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) MICHECO (NOTE: Registered Agent signature required when reinstaling) FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE ■ Addition PACHECO, JACK NAME NAME 42 BEECHWOOD DR. STRUET ADDRESS STREET ADDRESS ORMOND BEACH FL 32176 CHY-ST-7IP CITY-SI-ZIP THE ☐ Delete TITLE ☐ Change Addition PACHECO, JACK NAME NAME 42 BEECHWOOD DR. STREET ADDRESS STREET ADDRESS ORMOND BEACH FL 32176 CITY - ST - ZIP CITY-SI-7IP ope ___ Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-SI-ZIP THIE ☐ Delete TITLE Change Addition NAME NAME. STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CHTY-ST-ZIP HHE ☐ Defete TITLE Change Addition NAME STRUET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE ☐ Delete ШЕ ☐ Change ■ Addition NAME STREET ADDRESS STRLET ADDRESS CITY-ST-7IP COY-SI-ZIP 12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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. All hall prior like empowered. if changed, or on an attachment with a

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Daytime Phone #