

2007 FOR PROFIT CORPORATION ANNUAL REPORT


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07-24-2007 90041 011 *** 150.00

P06000078206

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 20 PM 3:25

DOCUMENT # P06000078206			
1. Entity Name CAUSION MUSIC, INC.			
Principal Place of Business 595 NW 159TH AVE. PEMBROKE PINES, FL 33028-1554		Mailing Address 595 NW 159TH AVE. PEMBROKE PINES, FL 33028-1554	
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		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HETHINGTON, VINCENT 1270 NW 164TH OF MIAMI, FL 33162 20010 N.W. 34th Ct Miami Gardens, FL 33052		Name Street Address (P.O. Box Number is Not Acceptable) 20010 N.W. 34th Ct City Miami Gardens FL Zip Code 33056	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small> DATE _____			
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAILEY, GREGORY 595 NW 159TH AVE. PEMBROKE PINES, FL 330281554	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 recipient of a 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: _____		Date: July 5th 2007 Daytime Phone #	

B 12/26/07
REINSTATEMENT 61

ATTACHMENT

Greg Bailey

Causion Music, Inc.
595 N.W. 158th Ave.
Pembroke Pines FL 33028

40126890
#P06000078206

July 5, 2007

Florida Department of State
Secretary of State
Division of Corporations

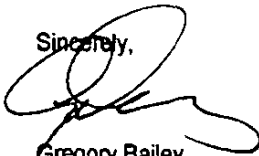
Dear Sir or Madam:

Please accept this Payment of \$150.00 for the Annual Report for Fullwerks, Inc.

This request is being made on the fact that the corporation had not received the annual report for 2007 and Registered Agent had changed his address and also had not received this report. As owner of the said corporation I was unaware these reports had not been filed until I received the notice of intent to dissolve.

Based on this fact and none receipt of reports I ask that you please accept this request for wavier of late fees.

Sincerely,



Gregory Bailey
Owner, Causion Music, Inc.