

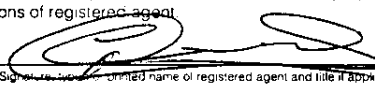
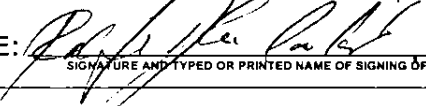


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90190 026 \*\*\*150.00

<b>DOCUMENT # P06000095927</b> 1. Entity Name <b>CONDE PRODUCTIONS, INC.</b>					
Principal Place of Business <b>2430 SUNSHINE BLVD.</b> <b>MIRAMAR, FL 33023 US</b>			Mailing Address <b>2430 SUNSHINE BLVD.</b> <b>MIRAMAR, FL 33023 US</b>		
2. Principal Place of Business - No P.O. Box # <b>12630 NW 12TH CT</b> Suite, Apt. #, etc.		3. Mailing Address <b>12630 NW 12TH CT</b> Suite, Apt. #, etc.			
City & State <b>SUNRISE FL</b>		City & State <b>SUNRISE FL</b>		4. FEI Number <b>20-5257559</b>	
Zip <b>33323</b>		Country <b>BROWARD</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name <b>INTEX GROUP INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>2916 N. ANDREWS AVE</b> City <b>WILTON MANORS</b> <b>FL</b> Zip Code <b>33311</b>	
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 of the current registered agent and title if applicable.</small>				DATE <b>4-20-07</b>	
<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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONDE, RALPHE A 2430 SUNSHINE BLVD. MIRAMAR, FL 33023	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>12630 NW 12TH CT</b> <b>SUNRISE FL 33323</b>
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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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
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>4-20-07</b>	
				Daytime Phone # <b>854-394-9101</b>	