


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000114802**  
 1. Entity Name **ARFN0TZ-PRODUCTIONS, INC.**



Principal Place of Business **1314 CHICHESTER STREET ORLANDO, FL 32803**  
 Mailing Address **1314 CHICHESTER STREET ORLANDO, FL 32803**

**DO NOT WRITE IN THIS SPACE**

01232008 No Chg-P CR2E034 (11/05)

4. FEI Number **20-5519059** Applied For  Not Applicable

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

6. Name and Address of Current Registered Agent  
**DRAVES, DONNA L**  
**120 E CONCORD STREET**  
**ORLANDO, FL 32801**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PERGANDE, ALBERT N
STREET ADDRESS	1314 CHICHESTER STREET
CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/30/08-80086-001 150.00

**DO NOT WRITE IN THIS SPACE**

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: *Albert Pergande* **ALBERT PERGANDE** 1-22-08 407-356 5189

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #