

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90394 010 ***150.00

DOCUMENT # P06000133708					
1. Entity Name DS PRODUCTIONS, INC.					
Principal Place of Business 1930 NORTH ST LONGWOOD, FL 32750			Mailing Address 1930 NORTH ST LONGWOOD, FL 32750		
2. Principal Place of Business - No P.O. Box # 2396 Mid Pine Ct.		3. Mailing Address 2396 Mid Pine Ct.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Oviedo, FL		City & State Oviedo, FL		4. FEI Number 20-5779111	
Zip 32765		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COWAN, ANGELA 1930 NORTH ST LONGWOOD, FL 32750			7. Name and Address of New Registered Agent Name: <u>RONNIE CAMPBELL</u> Street Address (P.O. Box Number is Not Acceptable): <u>12688 Waterhaven Circle</u> City: <u>Orlando</u> FL Zip Code <u>32828</u>		
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: <u>Ronnie Campbell</u> (<u>RONNIE CAMPBELL</u>) <u>PRESIDENT/DIRECTOR</u> <u>4/28/2007</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			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	PD CAMPBELL, RONNIE 12688 WATERHAVEN CR ORLANDO, FL 32828 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PATRECE BLOOMFIELD 321 MEADOW BEAUTY TERRACE SANFORD, FL 32771 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSS, BILL PO BOX 43 TANGERINE, FL 32777 <input checked="" 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	D BELL, DEVRIK 101 THORNBERRY DR CASSELBERRY, FL 32707 <input checked="" 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	D NESBIT, JEANINE 2457 WINFIELD DR KISSIMMEE, FL 34743 <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	D WATKINS, MICHAEL 2396 MID PINE CT OVIEDO, FL 32765 <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		
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: <u>Ronnie Campbell</u> (<u>RONNIE CAMPBELL</u>) <u>PRESIDENT</u> <u>4/28/07</u> <u>407-446-0597</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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