


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2007 8:00 am
Secretary of State

07-12-2007 90054 007 ***150.00

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| DOCUMENT # P06000141159 |  |
| 1. Entity Name MH2 PRODUCTIONS INC | |

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| Principal Place of Business 15734 SW 43 TERRACE MIAMI, FL 33185 | Mailing Address 15734 SW 43 TERRACE MIAMI, FL 33185 |
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40144434



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| 2. Principal Place of Business - No P.O. Box # 8305 SW 152 AVE | 3. Mailing Address 8305 SW 152 AVE |
| Suite, Apt. #, etc. 406 | Suite, Apt. #, etc. 406 |

06052007 Chg-P CR2E034 (12/06)

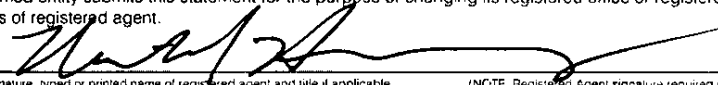
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| City & State Miami, FL | City & State Miami, FL |
| Zip 33193 | Country USA |

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| 4. FEI Number 20-5842850 | Applied For Not Applicable |
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| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
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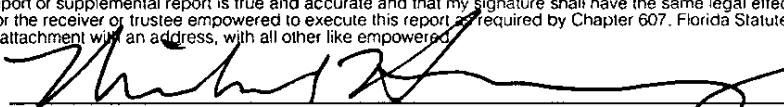
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| HENNESSEY, MICHAEL 15734 SW 43 TERRACE MIAMI, FL 33185 |
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| Name MICHAEL HENNESSEY |
| Street Address (P.O. Box Number is Not Acceptable) 8305 SW 152 AVE |
| Apt. 406 |
| City Miami, FL |
| Zip Code 33193 |

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| 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  7-10-07 |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> |

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| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HENNESSEY, MICHAEL 15734 SW 43 TERRACE MIAMI, FL 33185 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MICHAEL HENNESSEY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8305 SW 152 AVE APT 406 Miami, FL 33193 |
| 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 |

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| 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:  7-10-07-305-710-4637 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |