

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000154635

FILED
Feb 06, 2008
Secretary of State

Entity Name: SOUL KAMOTION ENTERTAINMENT, INC.

Current Principal Place of Business:

29 AUTUMN BREEZE WAY
WINTER PARK, FL 32792 US

New Principal Place of Business:

321 AUTUMN BREEZE WAY
WINTER PARK, FL 32792 US

Current Mailing Address:

29 AUTUMN BREEZE WAY
WINTER PARK, FL 32792 US

New Mailing Address:

321 AUTUMN BREEZE WAY
WINTER PARK, FL 32792 US

FEI Number: 20-5174992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, CHAUDRIAN T
29 AUTUMN BREEZE WAY
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

WILLIAMS, CHAUDRIAN T
321 AUTUMN BREEZE WAY
WINTER PARK, FL 32792 US

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.

SIGNATURE: CHAUDRIAN WILLIAMS

02/06/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, CHAUDRIAN T
Address: 29 AUTUMN BREEZE WAY
City-St-Zip: WINTER PARK, FL 32792 US

Title: VP () Delete
Name: BAPTISTE, CHRISTOPHER P
Address: 2762 MYSTIC LAKE DRIVE #200
City-St-Zip: OVIEDO, FL 32765 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WILLIAMS, CHAUDRIAN T
Address: 321 AUTUMN BREEZE WAY
City-St-Zip: WINTER PARK, FL 32792 US

Title: VP (X) Change () Addition
Name: PALMER, SHEMEKA S
Address: 5510 LEHIGH AVENUE
City-St-Zip: ORLANDO, FL 32807 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHAUDRIAN WILLIAMS

P

02/06/2008

Electronic Signature of Signing Officer or Director

Date