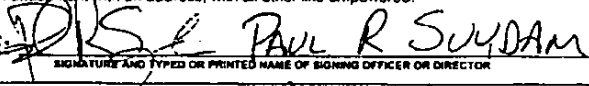


FILED
Jun 13, 2008 8:00 am
Secretary of State

05-01-2008 90201 029 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P07000019433			
1. Entity Name PRS7 PRODUCTIONS, INC.			
Principal Place of Business 901 SILVER RIDGE WAY VALRICO, FL 33594 US		Mailing Address 901 SILVER RIDGE WAY VALRICO, FL 33594 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-8460525		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUYDAM, PAUL R 901 SILVER RIDGE WAY VALRICO, FL 33594		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES SUYDAM, PAUL R 901 SILVER RIDGE WAY VALRICO, FL 33594 ☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES SUYDAM, MARJORIE C 901 SILVER RIDGE WAY VALRICO, FL 33594 ☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT BOYKIN, KEITH 901 SILVER RIDGE WAY VALRICO, FL 33594 ☐ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SUYDAM, PAUL R 901 SILVER RIDGE WAY VALRICO, FL 33594 ☒ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BOYKIN, KEITH 901 SILVER RIDGE WAY VALRICO, FL 33594 ☒ Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 		04/29/08 813-727-5513	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President		Date Daytime Phone #	