

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000018022

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** PARALLEL UNIVERSE THEATER RESOURCES INC.

**Current Principal Place of Business:**

540 FRUIT COVE ROAD  
ST. JOHNS, FL 32259 US

**New Principal Place of Business:**

**Current Mailing Address:**

540 FRUIT COVE ROAD  
ST. JOHNS, FL 32259 US

**New Mailing Address:**

**FEI Number:** 27-4369342

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FIXEL, MICHAEL  
540 FRUIT COVE ROAD  
ST. JOHNS, FL 32259 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: FIXEL, MICHAEL  
Address: 540 FRUIT COVE ROAD  
City-St-Zip: ST. JOHNS, FL 32259 US

Title: VP  
Name: FIXEL, AVA  
Address: 540 FRUIT COVE ROAD  
City-St-Zip: ST. JOHNS, FL 32259 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL FIXEL

P

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date