2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005
Secretary of State

DOCUMENT# P94000004628

Entity Name: STUDIO ELEVEN, INC.

Current Principal Place of Business:

2365 PERIWINKLE WAY
SANIBEL, FL 33957

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1790
SANIBEL, FL 33957

New Mailing Address:

FEI Number: 65-0466968 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCMILLAN, LIBBY
5830 PINE TREE DR
SANIBEL, FL 33957 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MCMILLAN, LIBBY
Address: 5830 PINE TREE DR.
City-St-Zip: SANIBEL, FL

Title: VP ( ) Delete
Name: MC MILLAN, MICHAEL D
Address: 5830 PINE TREE DR
City-St-Zip: SANIBEL, FL

Title: S ( ) Delete
Name: MCMILLAN, LIBBY
Address: 5830 PINE TREE DR.
City-St-Zip: SANIBEL, FL

Title: T ( ) Delete
Name: MCMILLAN, LIBBY
Address: 5830 PINE TREE DR
City-St-Zip: SANIBEL, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MCMILLAN, LIBBY
Address: 8636 SOUTHWIND BAY CIRCLE
City-St-Zip: FORT MYERS, FL 33908

Title: VP (X) Change ( ) Addition
Name: MC MILLAN, MICHAEL D
Address: 8636 SOUTHWIND BAY CIRCLE
City-St-Zip: FORT MYERS, FL 33908

Title: S (X) Change ( ) Addition
Name: MCMILLAN, LIBBY
Address: 8636 SOUTHWIND BAY CIRCLE
City-St-Zip: FORT MYERS, FL 33908

Title: T (X) Change ( ) Addition
Name: MCMILLAN, LIBBY
Address: 8636 SOUTHWIND BAY CIRCLE
City-St-Zip: FORT MYERS, FL 33908

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LIBBY MCMILLAN PRES 04/12/2005

Electronic Signature of Signing Officer or Director Date