


2006 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Jul 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000068705
 1. Entity Name
YOUR A TO X VIDEO OUTLET INC.



Principal Place of Business 1926 STIRLING ROAD DANIA, FL 33004-2101 US	Mailing Address 1926 STIRLING ROAD DANIA, FL 33004-2101 US
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07112006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0521180	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PHILPOT, DONALD F
 1926 STIRLING ROAD
 DANIA, FL 33004-2101

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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 _____ DATE 07/20/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

000000571479
07/20/06-80011-015 150.00

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$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.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SIEVERS, STEVEN 1926 STIRLING ROAD DANIA, FL 330042101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PHILPOT, DONALD F 1926 STIRLING ROAD DANIA, FL 330042101
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **7-14-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #