2006 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jan 18, 2006 08:00 AM DOCUMENT # P94000088078 **Secretary of State** STUNT DYNAMICS, INC. Principal Place of Business Mailing Address 200 CUMBIE DRIVE P.O. BOX 247 HAINES CITY, FL 33844 US HAINES CITY, FL 33845 IJS 01082006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3289592 Not Applicable \$8.75 Additional 5. Certificate of Status Desired XX Fee Required 6. Name and Address of Current Registered Agent ZIMMERMAN, JOHN DO NOT WRITE 200 CUMBIE DRIVE HAINES CITY, FL 33844 IN THIS SPACE 3. 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 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) " DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. DEFICERS AND DIRECTORS PTD TITLE ZIMMERMAN, JOHN NAME STREET ADDRESS 200 CUMBIE DRIVE CITY-ST-ZIP HAINES CITY, FL U00000390245 01/23/06-80019-022 158.75 TITLE VSD ZIMMERMAN, KIM NAME STREET ADDRESS 200 CUMBIE DRIVE CITY-ST-ZIP HAINES CITY, FL TITLE NAME STREET ADDRESS DO NOT WRITE CMY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not quality 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: John Zimme

RECTOR

1-9-<u>06</u>

863-421-4663

Daytime Phone #