.. =2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED ANNUAL REPORT Apr 10, 2007 08:00 Al Secretary of State **DOCUMENT # P95000000660** 1. Entity Name IT WORKS! PRODUCTIONS & MULTIMEDIA, INC. Principal Place of Business Mailing Address 7345 SANDLAKE ROAD 7512 DR. PHILIPS BLVD. 211 UNIT #50-111 ORLANDO, FL 32819 ORLANDO, FL 32819 No Chg-P CR2E034 (11/05) 04032007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0544952 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent EVERETT BANNING DO NOT WRITE 10044 HIGHLAND WOODS COURT ORLANDO, FL 32836 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent alignature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10, OFFICERS AND DIRECTORS TITLE BANNING, EVERETT NAME STREET ADDRESS 7512 DR. PHILIPS BLVD. UNIT #50-111 U000000698813 CITY-ST-ZIP ORLANDO, FL 04/19/07-80017-018 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MAZIBAUN WG

4/04/07

407 355-7150 Davime Phone #