2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000000660

1. Entity Name

IT WORKS! PRODUCTIONS & MULTIMEDIA, INC.



FILED Apr 14, 2008 08:00 A Secretary of State

Principal Place of Business

7345 SANDLAKE ROAD

211

ORLANDO, FL 32819

Mailing Address

7512 DR. PHILIPS BLVD.

UNIT #50-111

ORLANDO, FL 32819



DO NOT WRITE IN THIS SPACE

04082008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0544952

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

EVERETT BANNING 10044 HIGHLAND WOODS COURT ORLANDO, FL 32836

DO NOT WRITE IN THIS SPACE

				114	THIS SPACE	
8. The above the obligat	e named entity submits this statement for the p tions of registered agent.	urpose of changing its regi	istered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE						
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign F Trust Fund Contribut		\$5.00 May Be Added to Fees	U00000894229	
10.	OFFICERS AND DIREC	TORS			04/24/08-80019-020 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BANNING, EVERETT 7512 DR. PHILIPS BLVD. UNIT #50-11 ORLANDO, FL	11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET AODRESS CITY-ST-ZIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

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 supplies and poor 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:

NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND DIPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BANNING, CED OH/10,

355-775 Daytime Phone #