2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000015821

1. Entity Name

PERFORMANCE AUDIO SYSTEMS, INC.



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

12443 FILLMORE STREET SPRING HILL, FL 34609

Mailing Address

12443 FILLMORE STREET SPRING HILL, FL 34609



04092008

No Cha-P

CR2E034 (11/05)

4. FEI Number 59-3313608 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEGANI, RANDALL S 12443 FILLMORE STREET SPRING HILL, FL 34609

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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, treed or printed name of registered agent and itsis if applicable (NOTE: Registered Agent Bysauce required when fentilating). PILE NOW!!! FEE IS \$150.00 Aftor May 1, 2008 Fee will be \$550.00. OFFICERS AND DIRECTORS TILE POBLIGATION DEGANI, RANDALL S STRETA DIRES CITY 51-2P STRETA DIRESS CIT			,		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS 10. DEGANI, RANDALL S STREET ADDRESS CITY ST. 2P TITLE NAME STREET ADDRESS CITY ST. 2P NAME STREET ADD			urpose of changing its registered	d office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ITILE NAME NAME STREET ADDRESS CITY ST-2P TITLE NAME STREET ADDRESS STRET AD	SIGNATURE_	Signature, Typed or printed name of registered agent and title	l applicable (NOTE: Registered	Agent signalure required when reinstating)	DATE
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STREET ADDRESS CITY-ST-ZIP TITLE NAME	NAME STREET ADDRESS	DEGANI, RANDALL S 12443 FILLMORE ST.			
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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 319. Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP				

indicated on this report or suppliermental 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 trustae empowered of 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: