

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90196 025 ***150.00

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|--|--|---|---|---|--|
| DOCUMENT # P95000085515 1. Entity Name SOUND ADVENTURES, INC. | | | | | |
| Principal Place of Business 475 WILLINGHAM RD CHULUOTA, FL 32766 US | | | Mailing Address 475 WILLINHAM RD CHULUOTA, FL 32766 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 475 Willingham Rd. Suite, Apt. #, etc. | | | |
| City & State City: Chuluota, FL | | 4. FEI Number 59-3371210 | | | |
| Zip 32766 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WILLINGHAM, ROBERT M. 475 WILLINHAM RD CHULUOTA, FL 32766 | | | 7. Name and Address of New Registered Agent Name: Robert M. Williamson Street Address (P.O. Box Number is Not Acceptable): 475 Willingham Rd. City: Chuluota FL Zip Code: 32766 | | |
| 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: <u><i>Robert M. Williamson</i></u> Robert M. Williamson 1-9-06 <small>Signature, typed or printed name of registered agent and agent applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D WILLIAMSON, ROBERT M 475 WILLINGHAM RD CHULUOTA, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D WILLIAMSON, MONICA W 475 WILLINGHAM RD CHULUOTA, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D WILLIAMSON, MONICA W 475 WILLINGHAM RD CHULUOTA, FL | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D WILLIAMSON, MONICA W 475 WILLINGHAM RD CHULUOTA, FL | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D WILLIAMSON, MONICA W 475 WILLINGHAM RD CHULUOTA, FL | <input type="checkbox"/> Delete | | | |
| 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: <u><i>Monica W. Williamson</i></u> Monica Williamson 1-9-06 407-366-4834 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |