

**FILED**  
**Jul 23, 2007 8:00 am**  
**Secretary of State**

07-23-2007 90036 047 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                    |                                                                                                                 |                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # P96000002077</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |                                |                                                                                                                                        |
| 1. Entity Name<br>LOLLIPOP PRODUCTIONS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                    |                                                                                                                 |                                                                                                                                        |
| Principal Place of Business<br>8927 HYPOLUNO ROAD<br>SUITE A-4<br>LAKE WORTH, FL 33467-5249                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                    | Mailing Address<br>8927 HYPOLUNO ROAD<br>SUITE A-4<br>LAKE WORTH, FL 33467-5249                                 |                                                                                                                                        |
| 2. Principal Place of Business - No P.O. Box #<br>8927 HYPOLUNO RD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    | 3. Mailing Address<br>8927 HYPOLUNO RD                                                                          |                                                                                                                                        |
| Suite, Apt. #, etc.<br>SUITE A-4 POMB 340                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    | Suite, Apt. #, etc.<br>SUITE 4-A POMB 340                                                                       |                                                                                                                                        |
| City & State<br>LAKE WORTH FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    | City & State<br>LAKE WORTH FL                                                                                   |                                                                                                                                        |
| Zip<br>33467-5249 Palm Beach                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                    | Zip<br>33467-5249 Palm Beach                                                                                    |                                                                                                                                        |
| 4. FEI Number<br>65-0645388                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                    | Applied For<br>Not Applicable                                                                                   |                                                                                                                                        |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    | \$8.75 Additional Fee Required                                                                                  |                                                                                                                                        |
| 6. Name and Address of Current Registered Agent<br>JURIED, PHYLLIS<br>7306 N.W. 81 TERRACE<br>PARKLAND, FL 33067                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                    | 7. Name and Address of New Registered Agent                                                                     |                                                                                                                                        |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                    | Name                                                                                                            |                                                                                                                                        |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    | Street Address (P.O. Box Number is Not Acceptable)                                                              |                                                                                                                                        |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                    | City                                                                                                            |                                                                                                                                        |
| FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    | Zip Code                                                                                                        |                                                                                                                                        |
| 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 _____<br><small>Signature, typed or printed name of registered agent and his or her position. (NOTE: Registered Agent signature required when filing.)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    |                                                                                                                 |                                                                                                                                        |
| FILE NOW!!! FEE IS \$550.00<br>Due by September 14, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    | 9. Election Campaign Financing<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | P<br>JURIED, PHYLLIS<br>7306 N.W. 81 TERRACE<br>PARKLAND, FL 33067 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | JURIED, PHYLLIS<br>836V GENOVA WAY<br>LAKE WORTH FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                      |
| 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 807, 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: <i>Phyllis Juried</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                    | Date: 7/16/07                                                                                                   |                                                                                                                                        |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    | Date                                                                                                            |                                                                                                                                        |

40125354



07162007 Chg-P CR2E034 (12/08)

ATTACHMENT

40126354

#P96000002077

Today's Parent

7/18/07

Allen Sir;

I have received the  
original form. I moved to  
a new address,

8927 Hypoluxo Road  
Suite A-4, Port B #340  
Lake Worth, FL 33467-  
5249.

I'm no longer at:  
7306 N.W. 61 Terrace  
Parkland, FL 33067.

Also, the new Lake Worth  
address should be; HYPOLUXO RD  
not HYPOLUNO ROAD.

Thank you for your time.

Sincerely,

Mylla J. J. J.