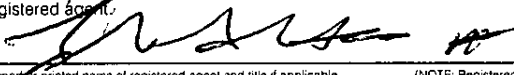
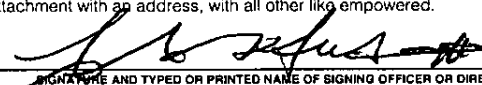


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90146 029 ***150.00

DOCUMENT # P96000020492 1. Entity Name HILL AUDIO VISUAL, INC.					
Principal Place of Business 3685 INVESTMENT LANE, SUITE 3 RIVIERA BEACH, FL 33404			Mailing Address 3685 INVESTMENT LANE, SUITE 3 RIVIERA BEACH, FL 33404		
2. Principal Place of Business 3925 UNIT 27 Investment Lane		3. Mailing Address SAME			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Riviera Beach, FL		City & State SAME		4. FEI Number 65-0649888	
Zip 33404		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
Zip 33404		Country USA		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MILL, THOMAS 3625 INVESTMENT LANE #3 WEST PALM BEACH, FL 33404				7. Name and Address of New Registered Agent Name HILL, THOMAS Street Address (P.O. Box Number is Not Acceptable) 3925 UNIT 27 INVESTMENT LANE City RIVIERA BEACH FL Zip Code 33404	
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  DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D NAME HILL, THOMAS F STREET ADDRESS 3685 INVESTMENT LANE, SUITE 3 CITY-ST-ZIP RIVIERA BEACH, FL 33404	☐ Delete		TITLE NAME STREET ADDRESS 3925 UNIT 27 INVESTMENT LANE CITY-ST-ZIP RIVIERA BEACH, FL 33404	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE _____ Daytime Phone # _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

50047215



04262005 Chg-P CR2E034 (10/03)