

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P96000040752

1. Entity Name
SOULFURIC RECORDINGS, INC.



Principal Place of Business
5460 NORTH STATE RD 7
222
FT. LAUDERDALE, FL 33319 US

Mailing Address
5460 NORTH STATE RD 7
222
FT. LAUDERDALE, FL 33319 US

DO NOT WRITE IN THIS SPACE

**FILED
May 02, 2006 8:00 am
Secretary of State**

05-02-2006 90277 001 *1,500.00

66013647



03212006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0677739	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

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 _____
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP POMEROY, MARC 2521 NE 50TH STREET LIGHTHOUSE POINT, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TAPPERT, BRIAN 2780 S. OAKLAND FOREST DR. #1801 OAKLAND PARK, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
7428 NE 4th Street
Plantation, Florida 33317

Charles M. Diveto, Jr., CPA, PA

4/24/06 954-321-6300

Date Daytime Phone #