2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 15, 2007 8:00 am Secretary of State 01-19-2007 90033 045 ***150.00

DOCUMENT # P96000094768 1. Entity Name PROGRESSIVE ENTERTAINMENT, INC.					01-19-2	007 90033 0	43 *** 130.00
Principal Place 1241 MCDUF JACKSONVILL	F AVE S 1	ailing Address 1241 MCDUFF AVE S ACKSONVILLE, FL 32205					
DO NOT WRITE IN THIS SPACE				01072007 No Chg-P CR2E034 (11/05) 4. FEI Number			
1241 MCD	, JAMES N UFF AVE S VILLE, FL 32205	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 bits if sopicable. (NOTE: Registered Agent signature required when relinstating) DATE							
FIL After Ma	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		00 May Be ad to Fees			
TITLE NAME STREET ADDRESS CITY-ST-ZIP HITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAULDINE, JAMES N. 1623 TROY LYNN TR JACKSONVILLE, FL	CTORS					
TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE HAME STREET ADDRESS		DO NOT WRITE IN THIS SPACE					
CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP							
HAME STREET ADDRESS CITY-51-ZIP							
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutas. I further certify that the information indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under coath; that I am an officer or director of the corporation or the receiver or trustee empoyered 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 attechment with an address, with all other like empowered. SIGNATURES ONE SIGNATURES							
SIGNAL	MONATURE AND TYPED OR PRINTER	NAME OF MONING OFFICER OR DIRECT	ron r	X 2 10	Date	Daysme Pri	