


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90444 026 \*\*\*150.00

<b>DOCUMENT # P97000020491</b> 1. Entity Name <b>SOUND CREATIONS INC.</b>					
Principal Place of Business <b>3742 NOVA RD. SUITE 1009 PORT ORANGE, FL 32129</b>			Mailing Address <b>3742 NOVA RD SUITE 1009 PORT ORANGE, FL 32129</b>		
2. Principal Place of Business - No P.O. Box # <b>1218 PEACHTREE RD.</b> Suite, Apt. #, etc.		3. Mailing Address <b>1218 PEACHTREE RD.</b> Suite, Apt. #, etc.			
City & State <b>DAYTONA BEACH, FL</b>		City & State <b>DAYTONA BEACH, FL</b>		4. FEI Number <b>65-0734913</b>	
Zip <b>32114</b>		Country <b>VOLUSIA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WEHR, ROBIN 3742 NOVA RD. SUITE 1009 PORT ORANGE, FL 32129</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1218 PEACHTREE RD.</b> City <b>DAYTONA BEACH</b> <b>FL</b> Zip Code <b>32114</b>		
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>Robin K. Wehr</i></u> DATE <u>4-26-07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEHR, ROBIN 3742 NOVA RD. STE 1009 PORT ORANGE, FL 32129		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEHR, ROBIN 1218 PEACHTREE RD. DAYTONA BEACH, FL 32114	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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 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>Robin K. Wehr</i></u> <u>Robin Wehr</u> <u>4-27-07</u> <u>386-257-4440</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					