2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 21, 2006 08:00 AM Secretary of State **DOCUMENT # P97000068439** CHANNEL ENTERTAINMENT INTERNATIONAL, INC. Principal Place of Business Mailing Address 1208 MARINE WAY 1208 MARINE WAY SUITE 703 **SUITE 703** NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 04182006 No Cho-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0773113 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KRAMER, FREDERICK L DO NOT WRITE 1208 MARINE WAY **SUITE 703** IN THIS SPACE NORTH PALM BEACH, FL 33408 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 file if applicable (NOTE: Regretared Agent agnature required when reinetating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE KRAMER, FREDERICK L NAME STREET ADDRESS 1208 MARINE WAY CITY-ST-71P NORTH PALM BEACH, FL 33408 UQ0000523595 05/03/06-80078-010 150.00 TITLE NAME STREET ADDRESS City-St-2iP TITLE HAME STREET ADDRESS DO NOT WRITE CRY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 attackment with an address, with all other like empowered.

SIGNATURE:

KAME STREET ADDRESS CITY-ST-ZIP TIBE NAME STREET ADDRESS CRY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06 561-776-7104
Date Date Dojum Propo 8

FILED