2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 10, 2007 08:00 AM **DOCUMENT # P97000092751 Secretary of State** MARK CHARLES PRODUCTIONS, INC. Principal Place of Business Mailing Address 906 COOPER RIDGE PL 906 COOPER RIDGE PL VALRICO, FL 33594 VALRICO, FL 33594 No Chg-P CR2E034 (11/05) 01072007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0796035 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLANCY, CHARLES DO NOT WRITE 906 COOPER RIDGE PL VALRICO, FL 33594 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. U00000581246 01/10/07-80079-022 150.00 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE n CLANCY, CHARLES NAME STREET ADDRESS 906 COOPER RIDGE PL CITY-ST-ZIP VALRICO, FL 33594 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/07

813661 7366

Daytime Phone #

FILED