## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000014429

718 S. HIGHWAY 441

LADY LAKE, FL 32159

Address:

City-St-Zip:

Entity Name: SHOWTIME KEYBOARDS, INC.

FILED Feb 16, 2006 Secretary of State

-		•					
Current Principal Place of Business:				New Principal Place of Business:			
722 S. HIGHWAY 441 LADY LAKE, FL 32159				17860 SE 109TH AVE			
				#612 SUMMERFIELD, FL 34491			
			•	SUMMERF	TELD, FL	54491	
Current Mailing Address:				New Mailing Address:			
722 S. HIGHWAY 441				17860 SE 109TH AVE			
LADY LAKE, FL 32159				#612 SUMMERFIELD, FL 34491			
			•	SUMMERF	TELD, FL .	54491	
FEI Number:	59-3492730	FEI Number Applied For ( )	FEI Numl	ber Not Appl	icable ( )	Certific	ate of Status Desired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	PAUL J IAGE LANE E, FL 32159	US					
	named entity of Florida.	submits this statement for the	e purpose of	changing i	ts registere	d office or	registered agent, or both,
SIGNATUR	RE:						
	Electro	nic Signature of Registered A	gent				Date
Election Can	npaign Financir	ng Trust Fund Contribution ( ).	-				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title:	PD (	) Delete	-	Title:		( ) Change	( ) Addition
Name:	CARTER, PAU			Vame:			
Address: City-St-Zip:	373 CARRIAG LADY LAKE, F			Address: City-St-Zip:			
Oity-St-Zip.	LADI LAKE, I	L 32139	`	oity-ot-zip.			
Title:		) Delete		Title:		() Change	( ) Addition
Name:	CARTER, STA			Name:			
Address: City-St-Zip:	373 CARRIAG LADY LAKE, F			Address: City-St-Zip:			
only of Zip.	L. (D. 1 L. (1)C., 1	2 02100	`	on, or 21p.			
Title: Name:	STD ( MEYER, WILL	) Delete		Title: Vame:	STD MEYER, W	(X) Change	( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: PAUL J. CARTER, PRESIDENT PD 02/16/2006

8205 WHISTLING PINE WAY

TAMPA, FL 34467