

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT


APPROVED  
AND  
FILED

06 FEB 13 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02012006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P98000017668</b>					
1. Entity Name STUART VIDEOS, INC.					
Principal Place of Business 2951 S E WAALER STREET STUART, FL 34997 US			Mailing Address 2951 S E WAALER STREET STUART, FL 34997 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0826379	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BEERS, MITCHELL J 11380 PRSPERITY FARMS RD. STE. 204 PALM BEACH GARDENS, FL 33410			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
Amended AR is \$61.25			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KEOSKIE, STANLEY		NAME	700066251007	
STREET ADDRESS	5603 NATIVE DANCER ROAD SOUTH		STREET ADDRESS	02/21/06--01010--019 **61.25	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418		CITY-ST-ZIP		
TITLE	O	<input type="checkbox"/> Delete	TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEOSKIE, JEFFREY		NAME	Keoskie, Jeffrey	
STREET ADDRESS	2951 SE WAALER STREET		STREET ADDRESS	2951 S.E. Waaler Street	
CITY-ST-ZIP	STUART, FL 34997		CITY-ST-ZIP	Stuart, FL 34997	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Pardue, Jodi	
STREET ADDRESS			STREET ADDRESS	4799 Fairville Court	
CITY-ST-ZIP			CITY-ST-ZIP	Marietta, GA 30062	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Severson, John	
STREET ADDRESS			STREET ADDRESS	400 Columbia Drive Suite 100	
CITY-ST-ZIP			CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					

K Eckel FEB 15 2006