
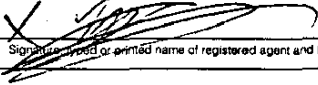
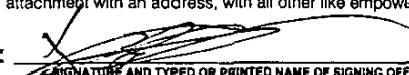


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90001 022 ***150.00

DOCUMENT # P98000036251 1. Entity Name KOUPON ENTERTAINMENT, INC.					
Principal Place of Business 6712 WINDER LYNNE LANE ORLANDO, FL 32819			Mailing Address P. O. BOX 692691 ORLANDO, FL 32889-2691		
2. Principal Place of Business 5333 Lemon Twist Ln Suite, Apt. #, etc.		3. Mailing Address 5333 Lemon Twist Ln Suite, Apt. #, etc.			
City & State Windermere FL		City & State Windermere FL		4. FEI Number 59-3506328	
Zip 34786		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WU, ZHONGHUA 6712 WINDER LYNNE LANE ORLANDO, FL 32819				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 5333 Lemon Twist Ln City Windermere FL Zip Code 34786	
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  (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			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 NAME STREET ADDRESS CITY - ST - ZIP	PD WU, ZHONGHUA 6712 WINDER LYNNE LANE ORLANDO, FL 32819		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WU, ZHONGHUA 6712 WINDER LYNNE LANE ORLANDO, FL 32819		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WU, ZHONGHUA 6712 WINDER LYNNE LANE ORLANDO, FL 32819		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WU, ZHONGHUA 6712 WINDER LYNNE LANE ORLANDO, FL 32819		<input type="checkbox"/> Delete		
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					