

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90436 032 ***150.00

DOCUMENT # P98000056358					
1. Entry Name AWESOME SOUNDS, INC.					
Principal Place of Business 105 US HWY 301 S STE. L TAMPA, FL 33619			Mailing Address 105 US HWY 301 S STE. L TAMPA, FL 33619		
2. Principal Place of Business 105 US Hwy 301 S. Suite, Apt. #, etc. STE. 123		3. Mailing Address 105 US Hwy 301 S. Suite, Apt. #, etc. STE. 123			
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 59-3493390	
Zip FL 33619		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANT, DAWSON L SR. 105 US HWY 301 S. STE. L TAMPA, FL 33619			7. Name and Address of New Registered Agent Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:		
8. The above named entry 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: <u>Dawson L Grant Sr</u> DAWSON L. GRANT SR. 4/26/2006 Signature, typed or printed name of registered agent and fee is applicable. (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. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P ☐ Delete GRANT, DAWSON L SR 3503 CLEO LANE VALRICO, FL 33594				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V ☐ Delete GRANT, BOYD L 130-36 145TH ST SO. OZONE PARK, NY 11436				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition				
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: <u>Dawson L Grant Sr</u> DAWSON L. GRANT, SR 4/26/2006 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #					