

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90244 003 \*\*\*150.00

<b>DOCUMENT # P98000062841</b> 1. Entity Name <b>MIDKNIGHT MARQUEE ENTERTAINMENT, INC.</b>					
Principal Place of Business <del>3628 LAKE DIANA DRIVE</del> <del>DELTONA, FL 32738</del>			Mailing Address <del>3628 LAKE DIANA DRIVE</del> <del>DELTONA, FL 32738</del>		
2. Principal Place of Business <b>5150 BOGGY CREEK ROAD</b> Suite, Apt. #, etc. <b>R19</b> City & State <b>SAINT CLOUD FL</b> Zip <b>34771</b>		3. Mailing Address <b>5150 BOGGY CREEK ROAD</b> Suite, Apt. #, etc. <b>R19</b> City & State <b>SAINT CLOUD FL</b> Zip <b>34771</b>			
4. FEI Number <b>59-3572302</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <del>HARICH MORSE, VICKIE "STORMY"</del> <del>3628 LAKE DIANA DRIVE</del> <del>DELTONA, FL 32738</del>			7. Name and Address of New Registered Agent Name <b>MORSE, VICKIE "STORMY"</b> Street Address (P.O. Box Number is Not Acceptable) <b>5150 BOGGY CREEK ROAD</b> <b>R19</b> City <b>SAINT CLOUD</b> <b>FL</b> Zip Code <b>34771</b>		
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 <u><i>Vickie "Stormy" Morse</i></u> <b>PTSD CM</b> <u><i>VICKIE "STORMY" MORSE</i></u> <b>PTSD CM</b> <u>4/28/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTSD</b> <b>HARICH MORSE, VICKIE "STORMY"</b> <del>3628 LAKE DIANA DRIVE</del> <del>DELTONA, FL 32738</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTSD</b> <b>MORSE, VICKIE "STORMY"</b> <b>5150 BOGGY CREEK ROAD R19</b> <b>SAINT CLOUD FL 34771</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CM</b> <b>HARICH MORSE, VICKIE "STORMY"</b> <del>3628 LAKE DIANA DRIVE</del> <del>DELTONA, FL 32738</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CM</b> <b>MORSE, VICKIE "STORMY"</b> <b>5150 BOGGY CREEK ROAD R19</b> <b>SAINT CLOUD FL 34771</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>WHITE, LISA</b> <b>13015 W RANCH SANTA FE BLVD</b> <b>AVONDALE, AZ 85323</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ISAIAH MANUMALEUNA</b> <b>5150 BOGGY CREEK ROAD R19</b> <b>SAINT CLOUD FL 34771</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VM</b> <b>MORSE, RANDAL S</b> <del>3628 LAKE DIANA DRIVE</del> <del>DELTONA, FL 32738</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VM</b> <b>MORSE, RANDALL D</b> <b>5150 BOGGY CREEK ROAD R19</b> <b>SAINT CLOUD FL 34771</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>BUCK, ROBERT</b> <b>540 OLYMPIC VILLAGE #10</b> <b>ALTAMONTE SPRINGS, FL 32714</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>ELKINGTON, TRACIE</b> <b>1601 BIG TREE ROAD # 207</b> <b>DAYTONA BEACH, FL 32119</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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. <b>PTSD CM</b> <b>SIGNATURE: <i>Vickie "Stormy" Morse</i> VICKIE "STORMY" MORSE</b> <u>4/28/06</u> <u>4079574282</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					