


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90415 026 \*\*\*158.75

<b>DOCUMENT # P98D00075745</b>	
1. Entity Name <b>HIBISCUS STUDIOS INC.</b>	

Principal Place of Business <b>1050 GULFSTREAM WAY SINGER ISLAND FL 33404</b>	Mailing Address <b>N1050 GULFSTREAM WAY SINGER ISLAND FL 33404</b>
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2. Principal Place of Business <b>3640 N Ocean Drive</b> Suite, Apt. #, etc. <b>#429, % Dee Anne Dyke</b> City & State <b>Singer Island, FL</b> Zip <b>33404</b>	3. Mailing Address <b>3640 N Ocean Drive</b> Suite, Apt. #, etc. <b>#429, % Dee Anne Dyke</b> City & State <b>Singer Island, FL</b> Zip <b>33404</b>
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1st MOORE CR2E034 (10/05)

4. FEI Number <b>65-0903271</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>DYKE, DEE ANNE HIBISCUS STUDIOS INC 1050 GULFSTREAM WAY SINGER ISLAND FL 33404</b>		
7. Name and Address of New Registered Agent Name <b>Dyke, Dee Anne. Hibiscus Studios Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>3640 N Ocean Drive</b> Apt. 429 City <b>Singer Island</b> FL Zip Code <b>33404</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 *Dee Anne Dyke* DATE April 12, 2006

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <del>HOLLAND, ARTHUR-</del> <del>901 ET MARTINIQUE H, 4000 N. OCEAN DR.</del> <del>SINGER ISLAND FL 33404</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <del>HOLLAND, BERYL-</del> <del>901 ET MARTINIQUE H, 4000 N. OCEAN DR.</del> <del>SINGER ISLAND FL 33404</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <del>DYKE, DEE ANNE</del> <del>3640 N OCEAN DRIVE, APT 429</del> <del>SINGER ISLAND FL 33404</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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 Section 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: *Dee Anne Dyke* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_