2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 12, 2006 08:00 A Secretary of State

| ANNOAL KEPOKI | | | | | | 12, 2000 00:00 |
|--|---|--|---|---|-------------------|--|
| DOCUMENT # P98000091130 1. Entity Name ASA ENTERTAINMENT, INC. | | | | S | ecretary of Stat | |
| Principal Plac 2995 ENTER DEBARY, FL | RPRISE ROAD | Mailing Address POST OFFICE BOX 740967 ORANGE CITY, FL 32774 | | | | |
| DO NOT WRITE IN THIS SPAC | | | CE. | 01202006 | No Chg-P | CR2E034 (11/05) |
| | | | <u>, , , , , , , , , , , , , , , , , , , </u> | 4. FEI Numb 59-353 5. Certificate | | Applied For Not Applicable \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent ECKERT, STACY A P.A. 2445 S VOLUSIA AVE, C-3 ORANGE CITY, FL 32763 | | | DO NOT WRITE IN THIS SPACE | | | |
| 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 Signature, typed or printed name of registered agent and title if 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. Added | | | | | | |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP | OFFICERS AND DI PSTD ASA, ROGER A 2995 ENTERPRISE ROAD DEBARY, FL 32713 | RECTORS | | | | |
| TITLE NAME STREET ADDRESS CITY-SY-ZIP | | <u> </u> | | | 00001 05/20/01 | 00564598 5-80078-014 150.00 |
| TITLE NAME STREET ADDRESS CITY -ST - ZIP | | <u> </u> | | | NOT W | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | القديق والمتادة | | IN ' | THIS SF | PACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE NAME STREET ADDRESS 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: <

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-06 386-775-9218