


**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90067 041 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P99000007112</b>		
1. Entity Name SPROCKET STUDIOS, INC.		
Principal Place of Business 5450 W SPENCERFIELD RD MILTON, FL 32571-7391		Mailing Address 5450 W SPENCERFIELD RD MILTON, FL 32571-7391
<b>DO NOT WRITE IN THIS SPACE</b>		
		01152008 No Chg-P CR2E034 (11/05)
4. FEI Number 59-3551977		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  PAUX, TOM 5450 W SPENCERFIELD RD MILTON, FL 32571		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAUX, TOM 5450 W SPENCERFIELD RD MILTON, FL 32571	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PAUX, LUCY C 5450 W SPENCERFIELD RD MILTON, FL 32571	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
<b>DO NOT WRITE IN THIS SPACE</b>		
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>Lucy C Paux</u> <u>LUCY C PAUX</u>		1.15.08 850 484 8613
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small> <small>Deletion Phone #</small>