2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000019658

SIGNATURE

Apr 03, 2006 08:00 AM Secretary of State LASER SHOW DESIGN, INC. Principal Place of Business Malling Address 10033 COVE LAKE DR. 10033 COVE LAKE DR. ORLANDO, FL 32836 ORLANDO, FL 32836 CR2E034 (11/05) 03182008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3559138 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Corrent Registered Agent MCCULLOUGH, DOUGLAS A DO NOT WRITE 10033 COVE LAKE DR. ORLANDO, FL 32836 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 regretated agent and title it applicable. (NOTE Registered Agent signature required when ministring) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10 THE MCCULLOUGH, DOUGLAS A NAME STREET ADDRESS 10033 COVE LAKE DR. CITY-ST-ZIP ORLANDO, FL 32836 TITLE 11111111111488771 KAME 04/17/06-80019-019 150.00 STRUET ADDRESS CITY-ST-ZIP TITLE ROBBE STREET ADDRESS DO NOT WRITE CHY-ST-70P IN THIS SPACE TITLE MART STREET ADDRESS CITY-S1-ZIP πιε RAME STREET ADDRESS CITY-ST-ZIP me HAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with file 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 call, 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 will an address, with all other like empowered.

DOUG Mc CULLOUGH

EXCHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

3-30-06-407-351-4014