2006 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Mar 27, 2006 08:00 AM DOCUMENT # P99000020358 **Secretary of State** Entity Name MIKE HARVEY PRODUCTIONS, INC. Principal Place of Bus hess Mailing Address 5877 NOTHINGST 49THLANE 5877 NOTITIVEST 49TH LAVE COCONUT CPEEK, FL 33073 COCONUT CREEK FL 33073 No Chg-P CR2E034 (11/05) 03232006 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0904189 Not Applicat. \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent HARVEY, MIKE DO NOT WRITE 5877 NORTHWEST 49TH LANE COCONUT CREEK, FL 33073 IN THIS SPACE 8. The above named untily 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 access the obligations of rigistered agent. SIGNATURE Signature, yourd or printed name of registered agent and title if applicable. RIOTE: Registered Agent signature required when reinstating DATE FILE NOVIII FEE 15 \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS D TITLE NAME HARI EY, MIKE STREET ADDRESS 5877 VORTHWEST 49TH LANE CITY-ST-779 COCONUT CREEK, FL 33073 unf NAME U00000482**283** 04/11/06-80068-008 1**50.0**0 STREET ADDRESS CITY-ST-ZIP BID E NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP πŒ NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this eport 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 changed, or on a lattachment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
GILY-ST-ZIP

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3/23/06

954-427-039