
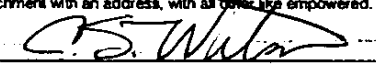


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 19, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90208 013 \*\*\*150.00

<b>DOCUMENT # P99000038615</b>														
1. Entity Name <b>BULLSEYE PRODUCTIONS, INC.</b>														
Principal Place of Business <b>3813 - 7 #71 NORTH MONROE ST. TALLAHASSEE, FL 32303</b>		Mailing Address <b>3813 - 7 #71 NORTH MONROE ST. TALLAHASSEE, FL 32303</b>												
<b>DO NOT WRITE IN THIS SPACE</b>														
8. Name and Address of Current Registered Agent  <b>WILSON, CHRISTOPHER S 3813 - 7 #71 NORTH MONROE ST. TALLAHASSEE, FL 32303</b>		<b>DO NOT WRITE IN THIS SPACE</b>												
<p>9. 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.</p> <p>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small></p> <p>DATE _____</p>														
<p><b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b></p>		<p>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b></p>												
<p><b>10. OFFICERS AND DIRECTORS</b></p> <table border="1"> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td><b>P WILSON, CHRISTOPHER S 3813 - 7 #71 NORTH MONROE ST. TALLAHASSEE, FL 32303</b></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P WILSON, CHRISTOPHER S 3813 - 7 #71 NORTH MONROE ST. TALLAHASSEE, FL 32303</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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<p>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 power like empowered.</p> <p><b>SIGNATURE:</b>  <b>CHRISTOPHER S. WILSON</b> <b>5-9-06</b> <b>850 524 3477</b></p> <p><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small></p>														



04202006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3578149</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**DO NOT WRITE  
IN THIS SPACE**