


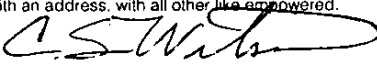
2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2008 APR 25 PM 4:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P99000038615			
1. Entity Name BULLSEYE PRODUCTIONS, INC.			
Principal Place of Business 3116 ELWOOD TRAIL TALLAHASSEE, FL 32309		Mailing Address 3813 - 7 #71 NORTH MONROE ST. TALLAHASSEE, FL 32303	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3491 THOMASVILLE RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE 11 PMB 162	
City & State		City & State TALLAHASSEE FL	
Zip	Country	Zip	Country
32309	USA	32309	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WILSON, CHRISTOPHER S 3813 - 7 #71 NORTH MONROE ST. TALLAHASSEE, FL 32303		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES WILSON, CHRISTOPHER S 3813 - 7 #71 NORTH MONROE ST. TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 04/28/08--01002--012 **150.00
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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: 		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			