## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 30, 2005 08:00 AM Secretary of State DOCUMENT # P99000044833 STARTECH PRODUCTIONS INC. Principal Place of Business Mailing Address 525 GULL WING DR 525 GULL WING DR VERO BEACH, FL 32968 VERO BEACH, FL 32968 04062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0921478 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CHUMLEY, THEMI DO NOT WRITE 525 GULL WING DR VERO BEACH, FL 32968 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 registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE **\$5.00** May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE CHUMLEY, THEMI NAME 525 GULL WING DR STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32968 TITLE NAME U00000349188 05/02/05-80055-006 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

TITLE
NAME
STREET ADDRESS
CITY+ST+ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR

4-28-05

772-971-5695

Date

**FILED**