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Secretary of State
04-09-2007 90335 001 ***450.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000075271

1. Entity Name
SOUND XPLOSION, INC.

Principal Place of Business
~~362 W. AVE. A~~ new address
BELLE GLADE, FL 33430

Mailing Address
~~362 W. AVE. A~~
BELLE GLADE, FL 33430

200 S. main St. Belleglade FL 33430

DO NOT WRITE IN THIS SPACE

03212007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0938726
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FARRIS, SHATARA
1073 S E 3RD STREET
BELLE GLADE, FL 33430

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FARRIS, SHATARA
STREET ADDRESS	1073 S E 3RD STREET
CITY-ST-ZIP	BELLE GLADE, FL 33430
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 4/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #