2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 14, 2006 08:00 AM Secretary of State

1. Entity Name AUDIO EXPRESSIONS, INC.					,
11-B BEAL PARKWAY, SE	Mailing Address 11-B BEAL PARKWAY, SE FT. WALTON BEACH, FL 32548	US	8 3 W 1 1 3 3 3 3 4 1 1	NA SINTE BINGE SIKO EKKI DISEK	BLAKE BABIK ASSAN AFARS BUDIK ASBANDAN 15 3883
DO NOT WRITE I	N THIS SPAC	Œ	03252006 4. FEI Numb 59-305	Na Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Regis	stered Agent				
GODWIN, ROBERT P. 11-B BEAL PKWY SE FT. WALTON BEACH, FL 32548	DO NOT WRITE IN THIS SPACE				
The above named entity submits this statement for the the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and this		d office or register Agent signature required		h, in the State of Flor	ida. I am lamiliar with, and accept
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	ing _ \$5.	00 May Be od to Fees		
10. OFFICERS AND DIRE	CTORS	,			
INTLE DP NAME GODWIN, ROBERT P. STREET ADDRESS 119 YACHT CLUB COURT EITY-ST-DP FT. WALTON BEACH, FL	·				
TITLE NAME STREET ADDRESS CITY-SI-ZIP				U0000 04/27/06)0508286 6–80097–005 150.01
TITLE NARAE STREET ADDRESS GITY-ST-ZIP			DO	NOT W	RITE
TITLE NAME STREET ADDRESS GITY-ST-ZIP			IN 7	THIS SP	ACE
TIPLE					

12. I hereby certify that the information supplied with this (liing does not quality 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 receive for 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.

NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP