


FILED  
Apr 03, 2006 8:00 am  
Secretary of State

04-03-2006 90395 036 \*\*\*150.00

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # S38456			
1. Entity Name YOYODINE MOTIONS, INC.			
Principal Place of Business 255 NE 6TH AVE DELRAY BEACH, FL 33483		Mailing Address 255 NE 6TH AVE DELRAY BEACH, FL 33483	
2. Principal Place of Business 1105 N. FEDERAL HWY Suite, Apt. #, etc.		3. Mailing Address 1105 N. FEDERAL HWY Suite, Apt. #, etc.	
City & State BOYNTON BEACH, FL		City & State BOYNTON BEACH, FL	
Zip 33435	Country US	Zip 33435	Country US
6. Name and Address of Current Registered Agent WINTZER, WILLIAM R 255 NE 6TH AVE DELRAY BEACH, FL 33483		7. Name and Address of New Registered Agent Name WINTZER, WILLIAM R Street Address (P.O. Box Number is Not Acceptable) 1105 N. FEDERAL HWY City BOYNTON BEACH FL Zip Code 33435	
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 <u>William R. Wintzer</u> <u>WILLIAM R. WINTZER</u> 3/28/06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	CD WORRELL, THOMAS E., JR. 255 NE 6TH AVE DELRAY BEACH, FL 33483 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WORRELL, THOMAS E., JR. 1105 N. FEDERAL HWY BOYNTON BEACH, FL 33435 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GOODYEAR, KIM 125 LA POSTA TAOS, NM 87577 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		3/28/06 (505) 758-5090 Date Daytime Phone #	