

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S51523

FILED
Jan 05, 2005
Secretary of State

Entity Name: SOUNDS TERRIFIC, INC.

Current Principal Place of Business:

2999 TYRONE BLVD.
SAINT PETERSBURG, FL 33710 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 48967
SAINT PETERSBURG, FL 337438967 US

New Mailing Address:

FEI Number: 59-3069026

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BERGER, TODD
810 63RD AVE. N
SAINT PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVD () Delete
Name: HOFFMAN, IRWIN
Address: 14153 WHISPERWOOD DR
City-St-Zip: CLEARWATER, FL

Title: S () Delete
Name: HOFFMAN, MICHELLE
Address: 14153 WHISPERWOOD DR
City-St-Zip: CLEARWATER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRWIN HOFFMAN

PVD

01/05/2005

Electronic Signature of Signing Officer or Director

_____ Date