

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90243 019 ***150.00

DOCUMENT # S73705 1. Entity Name FIVE STAR PRODUCTIONS USA, INC.			
Principal Place of Business 430 S CONGRESS AVE DELRAY BEACH, FL 33445 US		Mailing Address 430 S CONGRESS AVE DELRAY BEACH, FL 33445 US	
2. Principal Place of Business <i>6001 Park of Commerce Blvd</i>		3. Mailing Address <i>6001 Park of Commerce Blvd</i>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <i>Boca Raton FL</i>		City & State <i>Boca Raton FL</i>	
Zip <i>33487</i>		Zip <i>33487</i>	
Country <i>US</i>		Country <i>US</i>	
4. FEI Number 65-0277765		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOOLLEY, SCOTT 430 S CONGRESS AVE DELRAY BEACH, FL 33445		7. Name and Address of New Registered Agent Name <i>Woolley, Scott</i> Street Address (P.O. Box Number is Not Acceptable) <i>6001 Park of Commerce Blvd</i> City <i>Boca Raton</i> FL Zip Code <i>33487</i>	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <i>1/11/06</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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	PST WOOLLEY, SCOTT 430 S CONGRESS AVE DELRAY BEACH, FL 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>P/S/T/C</i> <i>Woolley, Scott</i> <i>6001 Park of Commerce Blvd</i> <i>Boca Raton FL 33487</i>
CITY-ST-ZIP	Delete <input type="checkbox"/>	CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>1/11/06</i> Daytime Phone # <i>561-278-7827</i>	