2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: Mesting Shoham Crristing

FILED Mar 19, 2005 08:00 AM Secretary of State

	ANITOML	KEPUKI	·	17141 12, 2002 00:00
DOCUMENT # V06511 1. Entity Name C G PRODUCTIONS, INC.				Secretary of Star
Principal Plac	ce of Business	Mailing Address		
8350 SAVAI 208	NNAH TRACE CIR	8350 SAVANNAH TRACE CIR		
TAMPA, FL	33615 US	208 TAMPA, FL 33615 US		
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	OO NOT WRITE	in de la company		02172005 No Chg-P CR2E034 (10/03)
L	JU NUI WHILE	IN JAIS SPA	CE MARKET	4. FEI Number Applied For
			Committee	65-0391979 Not Applicab 5. Certificate of Status Desired \$8.75 Additional
CARCAR AN INC.	6. Name and Address of Current Re	ristered Agent		Fee Required
		gistored regent		The contract of the contract o
GRAHAM, CHRISTINE 8350 SAVANNAH TRACE CIRCLE				DO NOT WRITE
SUITE 208 TAMPA, F				IN THIS SPACE
		-		
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 Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when relinstating) DATE				
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	icing \$5.	00 May Be ed to Fees
10.	OFFICERS AND DI	RECTORS		
TITLE NAME	P GRAHAM, CHRISTINE			U00000263949
STREET ADDRESS CITY-ST-ZIP	8350 SAVANNAH TRACE CIR #200 TAMPA, FL 33615	3		13/19/05-80031-020 150,00
TITLE			ş.* ***	The second of th
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title Name			***	
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NAME			H) Bohas (a)	
STREET ADDRESS CITY-ST-ZIP				Section 1
TITLE		- 77	***************************************	
NAME STREET ADDRESS				
CITY-ST-ZIP				
TITLE NAME		·- · · · · · · · · · · · · · · · · ·	े नर केल्स्स्ट्राइड अस्ति ब्रह्म	che finantinoppy population de pagla dampe, car ere naticio de meser de province <u>Estable</u> edelle.
STREET ADDRESS			15 - 711	
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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.				

Orristine Graham

3/16/05

813-884-0514 Daytime Phone #