2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State
04-07-2006 90024 028 ***150.00

DOCUMENT # V06511

1. Entity Name
C G PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
8350 SAVANNAH TRACE CIR 208 TAMPA, FL 33615 US	8350 SAVANNAH TRACE CIR 208 TAMPA, FL 33615 US

04052006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
10555 Greencrest Drive	10555 Greencrest Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33626-5200 Country	Zip: 33626-5200 Country

4. FEI Number: 65-0391979 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRAHAM, CHRISTINE 8350 SAVANNAH TRACE CIRCLE SUITE 208 TAMPA, FL 33615	Name: Graham, Christine Street Address (P.O. Box Number is Not Acceptable): 10555 Greencrest Drive City: Tampa FL Zip Code: 33626-5200

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: Christine Graham Christine Graham President 4/5/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P GRAHAM, CHRISTINE 8350 SAVANNAH TRACE CIR #208 TAMPA, FL 33615 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Graham, Christine 10555 Greencrest Drive Tampa, FL 33626-5200 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Christine Graham Christine Graham 4/5/06 813-792-9763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #