2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V20295

Entity Name: NORAM PRODUCTIONS, INC.

1452 NORTHRIDGE LAKE CIRCLE

LONGWOOD, FL 32750

Address:

City-St-Zip:

FILED Apr 21, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 217 N. WESTMONTE DRIVE **SUITE 3024** ALTAMONTE SPRINGS, FL 32714 US **New Mailing Address: Current Mailing Address:** 217 N. WESTMONTE DRIVE **SUITE 3024** ALTAMONTE SPRINGS, FL 32714 US FEI Number: 59-3113253 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CRISPELL, JOSEPH R NORAM PRODUCTIONS, INC. 217 N. WESTMONTE DR., #3024 ALTAMONTE SPRINGS, FL 32714 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CRISPELL, JOSEPH R Name: Name: 1579 NORTHRIDGE LALE CIRCLE Address: Address: City-St-Zip: LONGWOOD, FL 32750 City-St-Zip: () Delete Title: CEOC Title: CEOC (X) Change () Addition BLANTON, TED L Name: BLANTON, TED L Name: 1452 NORTHRIDGE DRIVE 1093 PRESCOTT BLVD Address: Address: LONGWOOD, FL 32750 DELTONA, FL 32738 City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: VSTD () Delete VSTD BLANTON, DIANA Name: BLANTON, DIANA Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

Address:

City-St-Zip:

1093 PRESCOTT BLVD

DELTONA, FL 32738

SIGNATURE: DIANA BLANTON **VSTD** 04/21/2006