



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 02, 2005 08:00 AM
Secretary of State

DOCUMENT # V64538 1. Entity Name A SPECIAL EVENT, TALENT AND PARTY HELP, INC.	
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Principal Place of Business 2890 N ANDREWS AVE FT LAUDERDALE, FL 33311	Mailing Address 2890 N ANDREWS AVE FT LAUDERDALE, FL 33311
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DO NOT WRITE IN THIS SPACE



07192005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0356985	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HUGHES, ROGER
2890 N ANDREWS AVENUE
FT LAUDERDALE, FL 33311**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees.	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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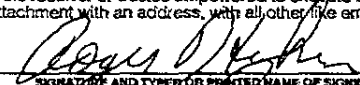
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, ROGER 2890 N. ANDREWS AVENUE FT. LAUDERDALE, FL
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **ROGER HUGHES** 8/31/05 954-566-7278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #