

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000000083

FILED  
Mar 13, 2006  
Secretary of State

Entity Name: INDAMIX PRODUCTIONS, INC.

**Current Principal Place of Business:**

681 ELM TREE LANE  
BOCA RATON, FL 33486

**New Principal Place of Business:**

4147 DUNMORE DRIVE  
LAKE WALES, FL 33859

**Current Mailing Address:**

681 ELM TREE LANE  
BOCA RATON, FL 33486

**New Mailing Address:**

4147 DUNMORE DRIVE  
LAKE WALES, FL 33859

FEI Number: 03-0380575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LANDS, DEANNA M  
681 ELM TREE LANE  
BOCA RATON, FL 33486 US

**Name and Address of New Registered Agent:**

LANDS, DEANNA M  
4147 DUNMORE DRIVE  
LAKE WALES, FL 33859 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: \_\_\_\_\_

03/13/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: LANDS, MATTHEW N  
Address: 23641 SAN FERNANDO ROAD, APT 312  
City-St-Zip: SANTA CLARITA, CA 91321

Title: D ( ) Delete  
Name: LANDS, DEANNA M  
Address: 681 ELM TREE LANE  
City-St-Zip: BOCA RATON, FL 33486

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CEO (X) Change ( ) Addition  
Name: LANDS, MATTHEW N  
Address: 2118 BOSC LANE  
City-St-Zip: PALMDALE, CA 93551

Title: D (X) Change ( ) Addition  
Name: LANDS, DEANNA M  
Address: 4147 DUNMORE DRIVE  
City-St-Zip: LAKE WALES, FL 33859

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.

SIGNATURE: DEANNA M LANDS

D

03/13/2006

Electronic Signature of Signing Officer or Director

Date