


**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT**

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| DOCUMENT # P92000013453 | |  | |
| 1. Entity Name AEDO PRODUCTIONS, INC. | | | |
| Principal Place of Business 8320 OAKLAND PL ORLANDO, FL 32819 US | | Mailing Address 8320 OAKLAND PL ORLANDO, FL 32819 US | |
| 2. Principal Place of Business CASTILLA LA VIEJA 184 Suite, Apt. #, etc. URB. LA CASTELLANA City & State SURCO, LIMA 33 Zip Country PERU | | 3. Mailing Address CASTILLA LA VIEJA 184 Suite, Apt. #, etc. URB. LA CASTELLANA City & State SURCO, LIMA 33 Zip Country PERU | |
| 4. FEI Number 65-0394680 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent HOWARD, ELLEN 1400 CATTLEMAN RD. SARASOTA, FL 34232 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 AEDO, CESAR E 8320 OAKLAND PL ORLANDO, FL 32819 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition HMNOS. QUINTEROS 277 SURCO, LIMA 33, PERU |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP AEDO, LISA J 8320 OAKLAND PL ORLANDO, FL 32819 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition HMNOS. QUINTEROS 277 SURCO, LIMA 33, PERU |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S AEDO, LISA J 8320 OAKLAND PL ORLANDO, FL 32819 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition HMNOS. QUINTEROS 277 SURCO, LIMA 33, PERU |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T AEDO, CESAR E 8320 OAKLAND PL ORLANDO, FL 32819 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition HMNOS. QUINTEROS 277 SURCO, LIMA 33, PERU |
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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: <u>Lisa J. Aedo</u> LISA J. AEDO (April, 2006 (011/511)) 273-3173 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | |

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