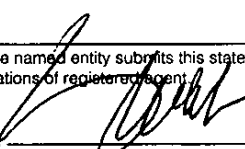
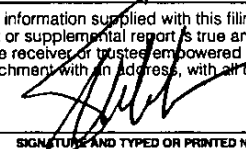


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2005 8:00 am
Secretary of State

05-18-2005 90026 028 ****61.25

DOCUMENT # 730568 1. Entity Name KALEIDOSCOPE THEATRE, INCORPORATED					
Principal Place of Business P.O. BOX 526 LYNN HAVEN, FL 32444			Mailing Address P.O. BOX 526 LYNN HAVEN, FL 32444		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 51-0192637	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ANDERSON, ROSEMARIE W 2800 W. 30TH COURT PANAMA CITY, FL 32405				7. Name and Address of New Registered Agent Name Sue Webb Street Address (P.O. Box Number is Not Acceptable) 702 Kentucky Ave City Lynn Haven FL Zip Code 32444	
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  Sue Webb DATE 2/18/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARTER, LOIS 112 ALABAMA AVENUE LYNN HAVEN, FL 32444	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEWMAN, ANN 329 S. PALO ALTO AVENUE PANAMA CITY, FL 32401	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ANDERSON, ROSEMARIE W 2800 W. 30TH COURT PANAMA CITY, FL 32405	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUBBARD, ELAINE 2026 COUNTRY CLUB DRIVE LYNN HAVEN, FL 32444	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer SUE WEBB 702 Kentucky Ave Lynn Haven, FL 32444 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 617, 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:  Sue Webb DATE 2/18/05 (89) 785 2223 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #					