2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 23, 2007
Secretary of State

DOCUMENT# 730568

Entity Name: KALEIDOSCOPE THEATRE, INCORPORATED

Current Principal Place of Business:

P.O. BOX 526
LYNN HAVEN, FL 32444

New Principal Place of Business:

207 E. 24TH ST.
LYNN HAVEN, FL 32444

Current Mailing Address:

P.O. BOX 526
LYNN HAVEN, FL 32444

New Mailing Address:

FEI Number: 51-0192637 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WEBB, SUE
702 KENTUCKY AVE.
LYNN HAVEN, FL 32444 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILSON, SANDRA D
Address: 3002 WEST 21ST COURT
City-St-Zip: PANAMA CITY, FL 32405

Title: VP ( ) Delete
Name: HAWK, LINDA
Address: 4502 VISTA LANE
City-St-Zip: LYNN HAVEN, FL 32444

Title: S ( ) Delete
Name: CARTER, LOIS
Address: 112 ALABAMA AVE.
City-St-Zip: LYNN HAVEN, FL 32444

Title: T ( ) Delete
Name: WEBB, SUE
Address: 702 KENTUCKY AVE.
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUE WEBB T 06/23/2007
Electronic Signature of Signing Officer or Director — Date