2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# 735821

Entity Name: BITS 'N PIECES PUPPET THEATRE, INC.

Current Principal Place of Business:

12908 TOM GALLAGHER RD
DOVER, FL 33527 US

New Principal Place of Business:

Current Mailing Address:

12908 TOM GALLAGHER RD
DOVER, FL 33527 US

New Mailing Address:

FEI Number: 59-1672609 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BICKEL, JERRY
12904 TOM GALLAGHER RD.
DOVER, FL 33527 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: VD ( ) Delete
Name: ISAAC, BETSY,
Address: 6201 TAMPA SHORES BLVD
City-St-Zip: TAMPA, FL 00000,

Title: TD ( ) Delete
Name: RUBIN, HOLLI,
Address: 12904 TOMGALLAGHER ROAD
City-St-Zip: DOVER, FL

Title: PD ( ) Delete
Name: BICKEL, JERRY,
Address: 12904 TOMGALLAGHER ROAD
City-St-Zip: DOVER, FL

Title: SD ( ) Delete
Name: SIMONS, TERRY L.,
Address: 6932 GREENSHILL PLACE
City-St-Zip: TAMPA, FL

Title: BD ( ) Delete
Name: NELSON, RHONDA
Address: 14108 WINSLOW PLACE
City-St-Zip: TAMPA, FL 33624

Title: BD ( ) Delete
Name: RADKE, KIMMIE
Address: 2937 WINCHESTER
City-St-Zip: TAMPA, FL

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:

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 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 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: JERRY BICKEL PD 01/10/2005

Electronic Signature of Signing Officer or Director — Date