

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 23, 2006  
Secretary of State**

DOCUMENT# 756878

Entity Name: RED BARN ACTORS' STUDIO, INC.

**Current Principal Place of Business:**

319 DUVAL STREET REAR  
P. O. BOX 707  
KEY WEST, FL 33040

**New Principal Place of Business:**

319 DUVAL STREET REAR  
P. O. BOX 707  
KEY WEST, FL 33041

**Current Mailing Address:**

319 DUVAL STREET REAR  
P. O. BOX 707  
KEY WEST, FL 33040

**New Mailing Address:**

319 DUVAL STREET REAR  
P. O. BOX 707  
KEY WEST, FL 33041

FEI Number: 59-2214641      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MCDONALD, MARILYN  
3625 FLAGLER  
KEY WEST, FL 33040      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: HAWKINS, JOY,  
Address: 1304 SEMINARY  
City-St-Zip: KEY WEST FL,

Title: STD ( ) Delete  
Name: MCDONALD, MARILYN,  
Address: 3625 FLAGLER  
City-St-Zip: KEY WEST FL,

Title: PD ( ) Delete  
Name: MCDONALD, GARY,  
Address: 3625 FLAGLER  
City-St-Zip: KEY WEST FL,

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

Title: VD (X) Change ( ) Addition  
Name: HAWKINS, JOY,  
Address: 1304 SEMINARY  
City-St-Zip: KEY WEST, FL 33040

Title: STD (X) Change ( ) Addition  
Name: MCDONALD, MARILYN,  
Address: 3625 FLAGLER  
City-St-Zip: KEY WEST, FL 33040

Title: PD (X) Change ( ) Addition  
Name: MCDONALD, GARY,  
Address: 3625 FLAGLER  
City-St-Zip: KEY WEST, FL 33040

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARILYN MCDONALD

STD

01/23/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date