

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002358

FILED  
Jun 15, 2006  
Secretary of State

Entity Name: DEJA VU THEATER PRODUCTIONS INC.

## Current Principal Place of Business:

6805 WEST COMMERCIAL BLVD.  
#223  
TAMARAC, FL 33319

## New Principal Place of Business:

3590 VICTORIA LAKES DR. N  
JACKSONVILLE, FL 32226

## Current Mailing Address:

6805 WEST COMMERCIAL BLVD.  
#223  
TAMARAC, FL 33319

## New Mailing Address:

3590 VICTORIA LAKES DR. N  
JACKSONVILLE, FL 32226

FEI Number: 01-0650081      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:

CUMMINGS, SHARON  
6805 WEST COMMERCIAL BLVD.  
#223  
TAMARAC, FL 33319 US

## Name and Address of New Registered Agent:

CUMMINGS, SHARON  
3590 VICTORIA LAKES DR. N  
JACKSONVILLE, FL 32226 US

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: SHARON CUMMINGS

06/15/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete  
Name: CUMMINGS, SHARON P/D  
Address: 6805 WEST COMMERCIAL BLVD.  
City-St-Zip: TAMARAC, FL 33319

Title: T ( ) Delete  
Name: JOHNSON-WILLIAMS, TAMIKA T.  
Address: 7780 N.W. 78 AVE APT. 214  
City-St-Zip: TAMARAC, FL 33321

Title: V/D ( ) Delete  
Name: CUMMINGS, ANDREW W V/D  
Address: 6805 WEST COMMERCIAL BLVD.  
City-St-Zip: TAMARAC, FL 33319

Title: S (X) Delete  
Name: JACKSON, FREDERICK S  
Address: 3521 INVERRARY DRIVE  
City-St-Zip: LAUDERHILL, FL 33319

Title: D ( ) Delete  
Name: DALEY, GAMAL D  
Address: 3521 INVERRARY DR.  
City-St-Zip: LAUDERHILL, FL 33319

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/DT (X) Change ( ) Addition  
Name: CUMMINGS, SHARON P/D  
Address: 3590 VICTORIA LAKES DR. N  
City-St-Zip: JACKSONVILLE, FL 32226

Title: S (X) Change ( ) Addition  
Name: JOHNSON, TAMIKA T.  
Address: 2769 SOUTH OAKLAND FOREST DR. #101  
City-St-Zip: OAKLAND PARK, FL 33309

Title: V/D (X) Change ( ) Addition  
Name: CUMMINGS, ANDREW W V/D  
Address: 3590 VICTORIA LAKES DR. N  
City-St-Zip: JACKSONVILLE, FL 32226

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

Title: D (X) Change ( ) Addition  
Name: DALEY, GAMAL D  
Address: 3590 VICTORIA LAKES DR. N  
City-St-Zip: JACKSONVILLE, FL 32226

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: SHARON CUMMINGS

PRES

06/15/2006

Electronic Signature of Signing Officer or Director

Date