2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2007
Secretary of State

DOCUMENT# N02000002358

Entity Name: DEJA VU THEATER PRODUCTIONS INC.

Current Principal Place of Business:

3590 VICTORIA LAKES DR. N
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

3590 VICTORIA LAKES DR. N
JACKSONVILLE, FL 32226

New Mailing Address:

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

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

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

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

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: SHARON CUMMINGS PRES 09/12/2007

Electronic Signature of Signing Officer or Director — Date