2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2006
Secretary of State

DOCUMENT# N05000010060

Entity Name: REFLECTIONS CHAMBER ENSEMBLE, INC.

Current Principal Place of Business:

12015 ORANGE GROVE DR.
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

12015 ORANGE GROVE DR.
TAMPA, FL 33618

New Mailing Address:

FEI Number: 20-3561943 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOROWITZ, MITCHELL I
501 E. KENNEDY BLVD., SUITE 1700
TAMPA, FL 33602 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: D ( ) Delete
Name: MC COLLEY, THOMAS
Address: 1105 E. CHELSEA ST.
City-St-Zip: TAMPA, FL 33603

Title: D ( ) Delete
Name: MC COLLEY, STACEY
Address: 1105 E. CHELSEA ST.
City-St-Zip: TAMPA, FL 33603

Title: D ( ) Delete
Name: BANNON, JOHN
Address: 6401 23RD LANE NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D ( ) Delete
Name: SCHOKEN, DAWN
Address: 7225 WAREHAM DR.
City-St-Zip: TAMPA, FL 33647

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: D ( ) Change (X) Addition
Name: DONOVAN, CINDY
Address: 8805 ROBERTS RD.
City-St-Zip: ODESSA, FL 33647

Title: D ( ) Change (X) Addition
Name: LE BLANC, MICHAEL
Address: 9716 FOX HOLLOW RD.
City-St-Zip: TAMPA, FL 33647

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: THOMAS MCCOLLEY D 04/29/2006

Electronic Signature of Signing Officer or Director — Date