

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50894

FILED
Mar 20, 2006
Secretary of State

Entity Name: GRAND KREWE DE LIBERTALIA, INC.

Current Principal Place of Business:

808 W. DE LEON STREET
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 21562
TAMPA, FL 33622

New Mailing Address:

FEI Number: 59-3143037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTHBURD, CRAIG
808 W DE LEON ST.
TAMPA, FL 33606 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: PD () Delete
Name: ROTHBURD, CRAIG
Address: 808 W DE LEON ST.
City-St-Zip: TAMPA, FL 33606 US

Title: VD () Delete
Name: GREEN, JERRY
Address: 508 S WESTLAND AVE.
City-St-Zip: TAMPA, FL 33606

Title: SD () Delete
Name: WARD, MARY
Address: 4208 W ZELAR ST.
City-St-Zip: TAMPA, FL 33629

Title: TD () Delete
Name: ARRIGO, MARK
Address: 3617 W LEONA ST.
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: CAIN, AMY
Address: 808 W. DE LEON ST.
City-St-Zip: TAMPA, FL 33606

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 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: CRAIG ROTHBURD

PD

03/20/2006

Electronic Signature of Signing Officer or Director

Date