


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90035 007 ****61.25

DOCUMENT # 715127	
1. Entity Name INTERNATIONAL ALLIANCE OF THEATRICAL STAGE EMPLOYEES AND MOVING PICTURE MACHINE	

Principal Place of Business 15 S W 7 ST FT LAUDERDALE FL 33301	Mailing Address PO BOX 841136 PEMBROKE PINES FL 33084
CLARADGE	

2. Principal Place of Business NONE	3. Mailing Address 1957 E. CLARADGE AV.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State AVON PARK FL.	City & State AVON PARK FL.
Zip 33825	Country HIGHLANDS

2nd MOORE	CR2E037 (4/06)
4. FEI Number 59-1002438	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent RENNIE, ALICE 720 SW 19TH STREET FORT LAUDERDALE FL 33315	7. Name and Address of New Registered Agent Name DAVID W. RENNIE Street Address (P.O. Box Number is Not Acceptable) 1957 E. CLARADGE AVE City AVON PARK FL Zip Code 33825
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE David W. Rennie DATE 8/28/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By: September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OLIVIERI, TOD P.O. BOX 416 DEERFIELD BEACH FL 33443 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RENNIE, ALICE 720 SW 19TH STREET FORT LAUDERDALE FL 33315 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1957 E. CLARADGE AVE AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HUBBARD, JOHN 4311 WHISTLERWOOD CIRCLE LAKELAND FL 33811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROBERTS, RICHARD 184 SW 9TH STREET POMAPNO BEACH FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BENEDICT, GEORGE PO BOX 8834 FT LAUDERDALE FL 36310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ATD RENNIE, DAVID 720 SW 19TH STREET FORT LAUDERDALE FL 33315 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1957 E. CLARADGE AVE AVON PARK, FL 33825

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David W. Rennie Date Aug. 28, 06 863-471 6129

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR