


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90049 041 \*\*\*\*70.00

<b>DOCUMENT # 731498</b> 1. Entity Name <b>FLORIDA ASSOCIATION OF MAGICAL ENTERTAINERS, INC.</b>					
Principal Place of Business <b>8316 FOXWORTH CIR. ORLANDO, FL 32819</b>			Mailing Address <b>C/O ART THOMAS 8316 FOXWORTH CIR. ORLANDO, FL 32819</b>		
2. Principal Place of Business - No P.O. Box # <b>NO CHANGES</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>48-3099989</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>THOMAS, ARTHUR R 8316 FOXWORTH CIR. ORLANDO, FL 32819</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 <u>NO CHANGES</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE	
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>BROWNLOW, HARVEY G</b> <b>2465 WINFIELD DR.</b> <b>KISSIMMEE, FL 34743</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Craig Fennessy</b> <b>7806 St. Andrews Circle</b> <b>Orlando, FL 32835</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>PHILLIPS, DENNIS</b> <b>1006 W. FAIRBANKS AVE.</b> <b>WINTER PARK, FL 32789</b>	<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	<b>T</b> <b>THOMAS, ARTHUR R</b> <b>8316 FOXWORTH CIR.</b> <b>ORLANDO, FL 32819</b>	<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	<b>D</b> <b>BERGERON, BEV</b> <b>7013 DELORA DR.</b> <b>ORLANDO, FL 32819</b>	<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	<input type="checkbox"/> Delete	<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	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE: <u>Arthur R Thomas</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>2/10/07</b> <small>Date</small>	
<b>407-397-3782</b> <small>Daytime Phone #</small>					