2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# 731498

Entity Name: FLORIDA ASSOCIATION OF MAGICAL ENTERTAINERS, INC.

Current Principal Place of Business:

8316 FOXWORTH CIR.
ORLANDO, FL 32819

New Principal Place of Business:

Current Mailing Address:

C/O ART THOMAS
8316 FOXWORTH CIR.
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 48-3099989 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THOMAS, ARTHUR R
8316 FOXWORTH CIR.
ORLANDO, FL 32819 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: S ( ) Delete
Name: PHILLIPS, DENNIS
Address: 1006 W. FAIRBANKS AVE.
City-St-Zip: WINTER PARK, FL 32789

Title: T ( ) Delete
Name: THOMAS, ARTHUR R
Address: 8316 FOXWORTH CIR.
City-St-Zip: ORLANDO, FL 32819

Title: D ( ) Delete
Name: BERGERON, BEV
Address: 7013 DELORA DR.
City-St-Zip: ORLANDO, FL 32819

Title: P ( ) Delete
Name: FENNESSY, CRAIG
Address: 7806 STREET ANDREWS CIRCLE
City-St-Zip: ORLANDO, FL 32835

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: ARTHUR R THOMAS T&RA 02/16/2009

Electronic Signature of Signing Officer or Director — Date