

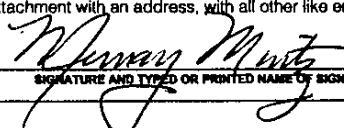


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 751913			
1. Entity Name FLORIDA ASSOCIATION FOR THEATER EDUCATION, INC.			
Principal Place of Business 2553 FOREST PARKWAY SOUTH LARGO, FL 33771 US		Mailing Address 2553 FOREST PARKWAY SOUTH LARGO, FL 33771 US	
DO NOT WRITE IN THIS SPACE			
		02192007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 59-1990642	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 MINTZ, MURRAY 2553 FOREST PARKWAY SOUTH LARGO, FL 33771		DO NOT WRITE IN THIS SPACE	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U000000643929 03/02/07-80023-001 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAFF, GARY A. 331-07 IVES DAIRY ROAD MIAMI, FL 33179		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FLAY, TIMOTHY JR. 3100 NW 97TH TERRACE CORAL SPRINGS, FL 33071		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED MINTZ, MURRAY 2553 FOREST PARKWAY SOUTH LARGO, FL 33771		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JONES, DON 29 TURNSTONE DR. SAFETY HARBOR, FL 34695		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VASALLO, MICHAEL 4080 18TH AVENUE NORTH ST. PETERSBURG, FL 33713		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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:  Murray Mintz		2/19/07 727-535-0113	