2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753675

FILED Jan 18, 2006 Secretary of State

Entity Name: CIRCUS MARANATHA, INC.

Current Principal Place of Business: New Principal Place of Business: 3650 HENRIETTA PLACE C/O TINO WALLENDA-ZOPPE SARASOTA, FL 34234 **New Mailing Address: Current Mailing Address:** 3650 HENRIETTA PLACE C/O TINO WALLENDA-ZOPPE SARASOTA, FL 34234 FEI Number: 59-2193929 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ZOPPE, TINO WALLENDA WALLENDA-ZOPPE, TINO 3650 HÉNRIETTA PLACE 3650 HENRIETTA PLACE SARASOTA, FL 34234 SARASOTA, FL 34234 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: TINO WALLENDA-ZOPPE 01/18/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MAY, HARRY. Name: Name: 1000 CHARLOTTE ST Address: Address: City-St-Zip: SARASOTA, FL 34237 City-St-Zip: Title: PD () Delete Title: (X) Change () Addition ZOPPE, TINO WALLENDA, Name: WALLENDA-ZOPPE, TINO, Name: Address: 3650 HENRIETTA PL Address: 3650 HENRIETTA PL City-St-Zip: SARASOTA, FL City-St-Zip: SARASOTA, FL Title: () Delete Title: () Change () Addition MASCITTO, LEO, Name: Name: Address: 11019 10TH AVE. E. Address: City-St-Zip: BRADENTON, FL City-St-Zip: Title: () Delete Title: () Change () Addition Name: MASCITTO, KLARA, Name: Address: 11019 10TH AVE. E. Address: City-St-Zip: BRADENTON, FL City-St-Zip: Title: () Delete Title: () Change () Addition ZOPPE. OLINKA, Name: Name: 3650 HENRIETTA PL Address: Address: City-St-Zip: SARASOTA, FL City-St-Zip: Title: () Delete Title: () Change () Addition THERON, J.P., Name: Name: Address: 3120 44TH ST. Address: SARASOTA, FL City-St-Zip: 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: TINO WALLENDA-ZOPPE PRES 01/18/2006