2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# 753675

Entity Name: CIRCUS MARANATHA, INC.

Current Principal Place of Business:

3650 HENRIETTA PLACE
C/O TINO WALLENDA-ZOPPE
SARASOTA, FL 34234

New Principal Place of Business:

Current Mailing Address:

3650 HENRIETTA PLACE
C/O TINO WALLENDA-ZOPPE
SARASOTA, FL 34234

New Mailing Address:

FEI Number: 59-2193929 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALLENDA-ZOPPE, TINO
3650 HENRIETTA PLACE
SARASOTA, FL 34234 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:	VD	( ) Delete
Name:	MAY, HARRY,	
Address:	1000 CHARLOTTE ST	
City-St-Zip:	SARASOTA, FL 34237	
Title:	PD	( ) Delete
Name:	WALLENDA-ZOPPE, TINO,	
Address:	3650 HENRIETTA PL	
City-St-Zip:	SARASOTA, FL	
Title:	D	( ) Delete
Name:	MASCITTO, LEO,	
Address:	11019 10TH AVE. E.	
City-St-Zip:	BRADENTON, FL	
Title:	S	( ) Delete
Name:	MASCITTO, KLARA,	
Address:	11019 10TH AVE. E.	
City-St-Zip:	BRADENTON, FL	
Title:	T	( ) Delete
Name:	ZOPPE. OLINKA,	
Address:	3650 HENRIETTA PL	
City-St-Zip:	SARASOTA, FL	
Title:	D	( ) Delete
Name:	THERON, J.P.,	
Address:	3120 44TH ST.	
City-St-Zip:	SARASOTA, FL	

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:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	THERON, J.P.,	
Address:	4720 N. LOCKWOOD RIDGE RD.	
City-St-Zip:	SARASOTA, FL	

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 PD 01/16/2007

Electronic Signature of Signing Officer or Director — Date