

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 13, 2007
Secretary of State**

DOCUMENT# 760194

Entity Name: FLORIDA PROFESSIONAL THEATRES ASSOCIATION, INC.

Current Principal Place of Business:

5600 NORTH FLAGLER DRIVE
UNIT 1410
W PALM BCH, FL 33407

New Principal Place of Business:

Current Mailing Address:

PO BOX 2922
W PALM BCH, FL 33402

New Mailing Address:

FEI Number: 59-2165556 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONG, SHERRON M MS.
5600 N FLAGLER DRIVE
UNIT 1410
W PALM BCH, FL 33407 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: STD () Delete
Name: TRUILO, JULIA
Address: 307 ANDERSON DRIVE
City-St-Zip: ORMOND BEACH, FL 32176

Title: PD () Delete
Name: ARISCO, DAVID
Address: 280 MIRACLE MILE
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD () Delete
Name: BARNETT, NANCY
Address: 262 SOUTH OCEAN BLVD
City-St-Zip: MANALAPAN, FL 33462

Title: COO () Delete
Name: LONG, SHERRON
Address: 5600 N. FLAGLER DR., #1410
City-St-Zip: WEST PALM BEACH, FL 33407

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 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: SHERRON LONG

CCO

04/13/2007

Electronic Signature of Signing Officer or Director

_____ Date