

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003812

FILED
Feb 22, 2005
Secretary of State

Entity Name: CIRQUE DU SOLEIL ORLANDO, INC.

Current Principal Place of Business:

980 KELLY JOHNSON DR.
LAS VEGAS, NV 89119

New Principal Place of Business:

Current Mailing Address:

8400 2ND AVENUE
C/O LEGAL AFFAIRS
MONTREAL, QUEBEC, H1Z 4M6 CA

New Mailing Address:

8400 2ND AVENUE
C/O LEGAL AFFAIRS
MONTREAL, QC H1Z 4M6 CA

FEI Number: 86-0849733

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLAIN, ROBERT
1478 EAST BUENA VISTA DR.
LAKE BUENA VISTA
ORLANDO, FL 32830 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LALIBERTE, GUY
Address: 8400 2ND AVE.
City-St-Zip: MONTREAL, PQ, CA H1Z 4M6

Title: CFO () Delete
Name: BLAIN, ROBERT
Address: 8400 2ND AVE.
City-St-Zip: MONTREAL, PQ, CA H1Z 4M6

Title: COO () Delete
Name: HEWARD, LYN
Address: 8400 2ND AVE.
City-St-Zip: MONTREAL, QC, CA H1Z 4M6

Title: VPM () Delete
Name: D'AMICO, MARIO
Address: 8400 2ND AVE.
City-St-Zip: MONTREAL, QC H1Z 4M6

Title: VLAS () Delete
Name: MACEROLA, FRANCOIS
Address: 8400 2ND AVE.
City-St-Zip: MONTREAL, QC, CA H1Z 4M6

Title: VPF () Delete
Name: DESCHAMPS, JEAN-LUC
Address: 8400 2ND AVE.
City-St-Zip: MONTREAL, QC, CA H1Z 4M6

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: () 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 Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT BLAIN

CFO

02/22/2005

Electronic Signature of Signing Officer or Director

Date