2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000003812

Entity Name: CIRQUE DU SOLEIL ORLANDO, INC.

FILED Jan 27, 2006 Secretary of State

Littly Na	IIIE. CIRQUE	DO SOLLIL ORLANDO, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
980 KELLY JOHNSON DR. LAS VEGAS, NV 89119				980 KELLY JOHNSON DRIVE LAS VEGAS, NV 89119 US			
Current Mailing Address:				New Mailing Address:			
980 KELLY JOHNSON DR. LAS VEGAS, NV 89119				980 KELLY JOHNSON DRIVE LAS VEGAS, NV 89119 US			
FEI Number	: 86-0849733	FEI Number Applied For()	FEI Number Not Ap	plicable ()	Certificate of Status Desi	ired()	
Name and	d Address of	Current Registered Agent:	Name ar	d Address of Ne	w Registered Agent	::	
CRLANDO	T BUENA VIST ENA VISTA D, FL 32830 (ourpose of changing	ı its registered offi	ce or registered agen	nt. or both.	
	e of Florida.		,	,		,	
SIGNATU							
	Electro	nic Signature of Registered Age	ent		Date		
Election Car	mpaign Financin	g Trust Fund Contribution ().					
OFFICER	S AND DIREC	CTORS:	ADDITIO	NS/CHANGES T	O OFFICERS AND E	IRECTORS	
Title: Name: Address: City-St-Zip: Title: Name: Address:	LALIBERTE, G 8400 2ND AVE MONTREAL, F	:. Q, CA H1Z 4M6) Delete RT	Title: Name: Address: City-St-Zip Title: Name: Address:	LALIBERTE, GUY 980 KELLY JOHN LAS VEGAS, NV	SON DRIVE 89119 US hange ()Addition		
City-St-Zip:	COO (Q, CA H1Z 4M6) Delete	City-St-Zip Title:	VP (X) C	hange()Addition		
Name: Address: City-St-Zip:	HEWARD, LYN 8400 2ND AVE MONTREAL, C		Name: Address: City-St-Zip	BOLINGBROKE, I 980 KELLY JOHN LAS VEGAS, NV	SON DRIVE		
Title: Name: Address: City-St-Zip:	VPM (D'AMICO, MAF 8400 2ND AVE MONTREAL, C	i.	Title: Name: Address: City-St-Zip	D'AMICO, MARIO 980 KELLY JOHN			
Title: Name: Address: City-St-Zip:	MACEROLA, F 8400 2ND AVE		Title: Name: Address: City-St-Zip	MACEROLA, FRA 980 KELLY JOHN	SON DRIVE		
Title: Name: Address: City-St-Zip:	DESCHAMPS, 8400 2ND AVE		Title: Name: Address: City-St-Zip	` '	hange()Addition		

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANCOIS MACEROLA VPS 01/27/2006