

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2006  
Secretary of State**

DOCUMENT# F97000003740

Entity Name: THE CELESTE FOUNDATION, INC.

**Current Principal Place of Business:**

699 E. FIFTH AVE.  
MOUNT DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

699 E. FIFTH AVE.  
MOUNT DORA, FL 32757

**New Mailing Address:**

28334 CHURCHILL SMITH LN  
MOUNT DORA, FL 32757

FEI Number: 59-3456892      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MIDDLETON, HARLOW C  
699 E. FIFTH AVE.  
MOUNT DORA, FL 32757      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: CV      ( ) Delete  
Name: FAVELL, JUDITH PH.D.  
Address: 699 E. FIFTH AVE.  
City-St-Zip: MOUNT DORA, FL 32757

Title: DS      ( ) Delete  
Name: BURTON, CHARLES H  
Address: 7101 WISCONSIN AVE., STE. 1011  
City-St-Zip: BETHESDA, MD 20814

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: JUDITH FAVELL

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

CV

04/28/2006

\_\_\_\_\_  
Date