

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H44141

FILED
Jan 03, 2006
Secretary of State

Entity Name: CECILE REYNAUD VOLLEYBALL CAMPS, INC.

Current Principal Place of Business:

% CECILE REYNAUD
PO BOX 2424
TALLAHASSEE, FL 32316

New Principal Place of Business:

CECILE REYNAUD
PO BOX 2424
TALLAHASSEE, FL 32316

Current Mailing Address:

% CECILE REYNAUD
PO BOX 2424
TALLAHASSEE, FL 32316

New Mailing Address:

CECILE REYNAUD
PO BOX 2424
TALLAHASSEE, FL 32316

FEI Number: 59-2509579

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REYNAUD, CECILE B
7071 OX BOW ROAD
TALLAHASSEE, FL 32312 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: PD () Delete
Name: REYNAUD, CECILE,
Address: 7071 OX BOW ROAD
City-St-Zip: TALLAHASSEE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: REYNAUD, CECILE,
Address: 7071 OX BOW ROAD
City-St-Zip: TALLAHASSEE, FL 32312

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: B. CECILE REYNAUD

PD

01/03/2006

Electronic Signature of Signing Officer or Director

Date