


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # J52442
 1. Entity Name
MEDIEVAL SHOW, INC.



Principal Place of Business
 P.O. BOX 422385
 KISSIMMEE, FL 34742-2385

Mailing Address
 P.O. BOX 422385
 KISSIMMEE, FL 34742-2385

DO NOT WRITE IN THIS SPACE



04212006 No Chg-P CR2E034 (11/05)

4. FEI Number
 59-2840137 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
 Fee Required

6. Name and Address of Current Registered Agent

CHIUSOLO, ERIC
 4510 W. IRLO BRONSON MEM HWY
 KISSIMMEE, FL 34746

**DO NOT WRITE
 IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be
 Added to Fees

1100000543825
 05/11/06-80011-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KIM, KENNETH 7662 BEACH BLVD BUENA PARK, CA 90620
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CHIUSOLO, ERIC 7662 BEACH BLVD. BUENA PARK, CA 90620
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MONTANER, PEDRO 7662 BEACH BLVD. BUENA PARK, CA 90620
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  Date: 4/21/06 Daytime Phone #: 714-562-0221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR