

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L59935

Entity Name: FLYING TRAPEZE, INC.

FILED  
Mar 16, 2011  
Secretary of State

**Current Principal Place of Business:**

581 S.E. FAITH TERRACE  
PORT ST LUCIE,, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

581 S.E. FAITH TERRACE  
PORT ST LUCIE,, FL 34983

**New Mailing Address:**

FEI Number: 65-0195796

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WACKEEN, W. THOMAS  
1100 S. FEDERAL HIGHWAY  
POST OFFICE DRAWER 6  
STUART, FL 34995 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: D  
Name: CHRISTIANS, BOB  
Address: 581 S.E. FAITH TERRACE  
City-St-Zip: PORT ST. LUCIE, FL 34983

I hereby 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 all other like empowered.

SIGNATURE: SIGNED, BOB CHRISTIANS

D

03/16/2011

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

\_\_\_\_\_  
Date