2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006
Secretary of State

DOCUMENT# N00000000535

Entity Name: ANNUAL HOLIDAY MAGIC EXTRAVAGANZA OF WESTON, INC.

Current Principal Place of Business:

689 FOX CREEK CT
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

689 FOX CREEK CT
WESTON, FL 33327

New Mailing Address:

FEI Number: 65-1032904 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RHONE, JOYCE
689 FOX CREEK CT
WESTON, FL 33327 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: PD ( ) Delete
Name: RHONE, JOYCE
Address: 689 FOX CREEK CT
City-St-Zip: WESTON, FL 33327

Title: D ( ) Delete
Name: RHONE, NEVILLE JR
Address: 689 FOX CREEK CT
City-St-Zip: WESTON, FL 33327

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: JOYCE RHONE PRES 08/29/2006
Electronic Signature of Signing Officer or Director — Date