2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003500

FILED Mar 21, 2005 Secretary of State

Entity Name: CELEBRATION SPEECH AND DEBATE BOOSTERS, INC.

Current Principal Place of Business:				New Principal Place of Business:				
	EBRATION BLV TION, FL 3474							
Current Ma	ailing Addres	s:		New Maili	ng Address	5:		
	EBRATION BLY TION, FL 3474							
FEI Number:	59-3662983	FEI Number Applied	l For () FE	I Number Not Appl	icable ()	Certificate of Status Desired ()		
Name and	Address of C	urrent Registered	Agent:	Name and	Address o	f New Registered Agent:		
931 JASMII	AWRENCE H NE STREET E, FL 34747	US						
The above in the State		submits this stateme	ent for the purpo	se of changing i	ts registered	d office or registered agent, or both	,	
SIGNATUR	RE:							
	Electron	ic Signature of Reg	istered Agent			Date	•	
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () AVERILL, KATH 420 GREENBRI CELEBRATION,	IER AVE		Title: Name: Address: City-St-Zip:	PD AVERILL, KA 420 GREEN CELEBRATI			
Title: Name: Address: City-St-Zip:	TD () MUMEY, JACKS 618 TEAL AVEN CELEBRATION,	NUE		Title: Name: Address: City-St-Zip:	TD AVERILL, KA 420 GREEN CELEBRATI			
Title: Name: Address: City-St-Zip:	SD () ERLICH, LARRY 317 CELEBRA' CELEBRATION,	TION BLVD		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	D () HABER, TERRI 931 JASMINE S CELEBRATION,	STREET		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	VD () ERLICH, BONNI 317 CELEBRAT CELEBRATION,	TION BLVD		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	D () BUSHEY, JOHN 1809 CELEBRA CELEBRATION,	TION BLVD		Title: Name: Address: City-St-Zip:		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KATHRYN AVERILL PD 03/21/2005