2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100000575

FILED Apr 24, 2006 Secretary of State

Entity Name: THE THEATRE COMPANY OF PALM BAY INC.

Current Principal Place of Business: New Principal Place of Business: PO BOX 100414 PALM BAY, FL 329010041 US **Current Mailing Address: New Mailing Address:** PO BOX 100414 PALM BAY, FL 329100414 US FEI Number: 59-3678615 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SIMON, HENRY M 481 TOPEKA ROAD SW PALM BAY, FL 329087549 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete BUSCHBAUM, TOM SIMON, HELENE K Name: Name: 12480 83RD STREET Address: 481 TOPEKA ROAD SW Address: City-St-Zip: FELLSMERE, FL 32958 US City-St-Zip: PALM BAYY, FL 32908 US Title: () Delete Title: () Change () Addition THORNTON, MAX C JR Name: Name: Address: 5666 CYPRESS CREEK DRIVE Address: City-St-Zip: GRANT, FL 32949 US City-St-Zip: Title: PD () Delete Title: () Change () Addition SMITH, STEVE Name: Name: 4151 ROSEWOOD AVENUE Address: Address: City-St-Zip: MALABAR, FL 32950 US City-St-Zip: Title: SD () Delete Title: () Change () Addition Name: GREENE, MARY Name: 1701 ARDMORE STREET NE Address: Address: City-St-Zip: PALM BAY, FL 329072436 US City-St-Zip: Title: () Delete Title: (X) Change () Addition SAILORS-MILUCKY, LEEANNE SAILORS-MILUCKY, LEEANNE Name: Name: 490 VIN ROSE CIRCLE SE 490 VIN ROSE CIRCLE SE Address: Address: City-St-Zip: PALM BAY, FL 32909 City-St-Zip: PALM BAY, FL 32909 Title: () Delete Title: (X) Change () Addition WOLF, STEVEN SIMON, HENRY M Name: Name: Address: 3203 RIVER VILLA WAY Address: 481 TOPEKA ROAD SW MELBOURNE BEACH, FL 32951 US PALM BAY, FL 32908 US City-St-Zip: 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: HENRY M. SIMON TD 04/24/2006