## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000004487

Entity Name: ROYAL GEMZ CHEERLEADING, INC.

FILED May 06, 2005 Secretary of State

Current Princip	al Place of Business:	New Princip	al Place of Business

165 BELLEZZA TERRACE 440 TALL PINES ROAD

ROYAL PALM BEACH, FL 33411 SUITE K

WEST PALM BEACH, FL 33413

Current Mailing Address: New Mailing Address:

165 BELLEZZA TERRACE 440 TALL PINES ROAD

ROYAL PALM BEACH, FL 33411 SUITE K

WEST PALM BEACH, FL 33413

FEI Number: 65-1123872 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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: Name and Address of New Registered Agent:

JOHNSTON, LORI L

165 BELLEZZA TERRACE

JOHNSTON, LORI L

440 TALL PINES ROAD

ROYAL PALM BEACH, FL 33411 US SUITE K

WEST PALM BEACH, FL 33413 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: 05/06/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

le: DP ( ) Delete Title: DP (X) Change ( ) Addition

 Name:
 JOHNSTON, LORI L
 Name:
 JOHNSTON, LORI L

 Address:
 165 BELLEZZA TERRACE
 Address:
 152 2ND STREET

City-St-Zip: ROYAL PALM BCH, FL 33411 City-St-Zip: WEST PALM BCH, FL 33413

Title: D ( ) Delete Title: D (X) Change ( ) Addition

Name: PAQUETTE, GEORGE Name: SEDORE, KEVIN Address: 165 BELLEZZA TERRACE Address: 152 2ND STREET

City-St-Zip: ROYAL PALM BCH, FL 33411 City-St-Zip: WEST PALM BCH, FL 33413

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 PAQUETTE, SHARON
 Name:

 Address:
 165 BELLEZZA TERRACE
 Address:

 City-St-Zip:
 ROYAL PALM BCH, FL 33411
 City-St-Zip:

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: LORI JOHNSTON PRES 05/06/2005