

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000253

FILED
Apr 27, 2006
Secretary of State

Entity Name: CIRCUS AND TRAVELING SHOWS RETIREMENT PROJECT, INC.

Current Principal Place of Business:

P. O. BOX 2085
% S0S TENT 122 CFA
SARASOTA, FL 34230

New Principal Place of Business:

PO 361
TALLEVEST, FL 34270

Current Mailing Address:

P. O. BOX 2085
% S0S TENT 122 CFA
SARASOTA, FL 34230

New Mailing Address:

P. O. 361
TALLEVEST, FL 34270

FEI Number: 80-0028089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIKER, DALE
6973 W. COUNTRY CLUB DR. N.
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

RIKER, DALE
6973 W. COUNTRY CLUB DR. N.
UNIT 152
SARASOTA, FL 34243 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:

04/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: ST () Delete
Name: RIKER, DALE
Address: 67973 W. COUNTRY CLUB DR. N.
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: HOBELMAN, CHARLOTTE
Address: 3211 4TH ST. NE
City-St-Zip: WASHINGTON, DC 20017

Title: D () Delete
Name: FRAZIER, NORMA
Address: 1278 44TH ST.
City-St-Zip: SARASOTA, FL 34234

Title: D () Delete
Name: DELANEY, PATRICK
Address: 11509 EAST BAY ROAD
City-St-Zip: GIBSONTONT, FL 33534

Title: D () Delete
Name: ZERBINI, JACQUELINE
Address: 8466 N LOCKWOOD RIDGR RD
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: RAWLS, DAVID
Address: P.O. BOX 829
City-St-Zip: HUGO, OK 74743

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

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: DALE A RIKER

D

04/27/2006

Electronic Signature of Signing Officer or Director

Date