2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000000253

FILED Jan 25, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

6973 COUNTRY CLUB DR. 4411 BEE RIDGE RD #451 152 SARASOTA, FL 34233

SARASOTA, FL 34243

Current Mailing Address: 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: Name and Address of New Registered Agent:

RIKER, DALE
6973 W. COUNTRY CLUB DR. N.
4411 BEE RIDGE RD #451
UNIT 152
SARASOTA, FL 34243 US
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: DORITA ESTES 01/25/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: [

Name: WALLENDA-ZOPPE, TINO Address: 3650 HENRIETTA PLACE City-St-Zip: SARASOTA, FL 34234

Title: D

Name: RIKER, D. EVELYN

Address: 6973 W. COUNMTRY CLUB DRIVE #152

City-St-Zip: SARASOTA, FL 34243

Title: D

Name: NOTTER, RICHARD Address: 5713 BERNATH CT City-St-Zip: TOLEDO, OH 43615

Title: C

Name: HOGAN, GEORGE Address: 196 MAIN ST

City-St-Zip: NORTH ANDOVER, MA 01845

Title:

Name: ZERBINI, JACQUELINE Address: 1819 VAMO DRIVE City-St-Zip: SARASOTA, FL 34231

Title: [

Name: SUSAN, MENKE
Address: 2950 61ST ST
City-St-Zip: SARASOTA, FL 34243

I hereby 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 all other like empowered.

SIGNATURE: SUSAN MENKE D 01/25/2010