2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 16, 2005
Secretary of State

DOCUMENT# N02000005879

Entity Name: SHOW TYME ALLSTARS, INC.

Current Principal Place of Business:

6410-B ARC WAY
FT. MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

6410-B ARC WAY
FT. MYERS, FL 33912

New Mailing Address:

FEI Number: 04-3610527 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GLATZ, CONNIE
6410 B ARC WAY
FT. MYERS, FL 33912 US

Name and Address of New Registered Agent:

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:

Title: DT ( ) Delete
Name: GALLAGHER, LAURA
Address: 6410-B ARC WAY
City-St-Zip: FT MYERS, FL 33912

Title: DP ( ) Delete
Name: JONES, SHERYL
Address: 6410 B-ARC WAY
City-St-Zip: FORT MYERS, FL 33912

Title: DV ( ) Delete
Name: BENTON, YVETTEE
Address: 6410-B ARC WAY
City-St-Zip: FORT MYERS, FL 33912

Title: DS ( ) Delete
Name: SPARKS, TRACY
Address: 64-10 ARC WAY
City-St-Zip: FORT MYERS, FL 33912

Title: D ( ) Delete
Name: JOINER, KIM
Address: 6410 -B ARC WAY
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DT (X) Change ( ) Addition
Name: RAGER, KEN
Address: 6410-B ARC WAY
City-St-Zip: FT MYERS, FL 33912

Title: DP (X) Change ( ) Addition
Name: SMALLUCK, CHRISTINA
Address: 6410 B-ARC WAY
City-St-Zip: FORT MYERS, FL 33912

Title: DV (X) Change ( ) Addition
Name: BENTON, YVETTE
Address: 6410-B ARC WAY
City-St-Zip: FORT MYERS, FL 33912

Title: D (X) Change ( ) Addition
Name: JONES, ALMA
Address: 64-10 ARC WAY
City-St-Zip: FORT MYERS, FL 33912

Title: DS (X) Change ( ) Addition
Name: SPARKS, TRACY
Address: 6410 -B ARC WAY
City-St-Zip: FT MYERS, FL 33912

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: CHRISTINA SMALLUCK DP 09/16/2005

Electronic Signature of Signing Officer or Director — Date