


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000000664	
1. Entity Name CELESTIAL CIRCLE, INC.	

Principal Place of Business 8612 N LEXINGTON DRIVE MIRAMAR, FL 33025	Mailing Address 8612 N LEXINGTON DRIVE MIRAMAR, FL 33025
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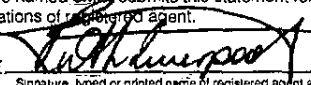
04292005 No Chg-NP CR2E037 (10/03)

4. FEI Number 56-2305423	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LIVERPOOL, RUTH 4974 N UNIVERSITY DR LAUDERHILL, FL 33319

**DO NOT WRITE
IN THIS SPACE**


8. 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. I am familiar with, and accept the obligations of registered agent.
SIGNATURE  DATE 4/29/05
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITCHELL, GERMAINE 8612 N LEXINGTON DRIVE MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MITCHELL, ROYANNE 8612 N LEXINGTON DRIVE MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, ROY 8612 N LEXINGTON DRIVE MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MITCHELL, TERON 4200 INVERRARY BLVD APT #3210 FT LAUDERDALE, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000358180
05/04/05-80105-002 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.
SIGNATURE:  DATE 4/29/05
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>