


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State

08-23-2005 90011 044 ****61.25

DOCUMENT # N03000001645 1. Entity Name THE ROYAL CELEBRATION BALLET INC.					
Principal Place of Business 800 CELEBRATION AVENUE SUITE 115 CELEBRATION, FL 34747			Mailing Address 800 CELEBRATION AVENUE SUITE 115 CELEBRATION, FL 34747		
2. Principal Place of Business 55 Riley Road. Suite, Apt. #, etc.			3. Mailing Address 55 Riley Road. Suite, Apt. #, etc.		
City & State Celebration, FL		City & State Celebration, FL		4. FEI Number 27-0055094	
Zip 34747		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUCKER, AUBREY H JR. 2020 MIZELL AVENUE WINTER PARK, FL 32792				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLIFTON, RON DR. 800 CELEBRATION AVENUE CELEBRATION, FL 34747	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CRABTREE, VALLERI 930 SPRING PARK LOOP CELEBRATION, FL 34747	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DING, WEI CENTRAL DANCE COMPANY OF CHINA CHINA,	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DORAN, JAMES 800 CELEBRATION AVENUE CELEBRATION, FL 34747	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KOZAK, JOAN 600 NADINA PLACE CELEBRATION, FL 34747	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEE, GUO Q 14110 SERENA LAKE DRIVE ORLANDO, FL 32837	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information submitted with this filing does not qualify 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 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, when authorized, like empowered.					
SIGNATURE: _____ 8-10-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Year</small>					