
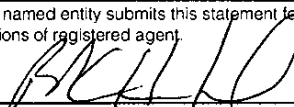
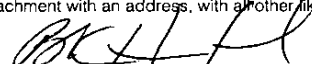


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90149 042 \*\*\*\*61.25

DOCUMENT # N03000007181					
1. Entity Name REDLAND RENAISSANCE FAIRE, INC.					
Principal Place of Business 6971 SW 64TH ST. MIAMI, FL 33143			Mailing Address 6971 SW 64TH ST. MIAMI, FL 33143		
2. Principal Place of Business 2940 SW 154 LN		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DAVIE FL		City & State		4. FEI Number 54-2122511	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip 33331		Country USA		6012006 Chg-NP CR2E037 (4/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			Name B.K. HANAFOURDE		
			Street Address (P.O. Box Number is Not Acceptable) 6971 HARDEE RD		
			City S. MIAMI		FL
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 		B.K. HANAFOURDE		6/1/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANAFOURDE, BRADLEY K		NAME		
STREET ADDRESS	6971 SW 64TH ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HANAFOURDE, SARAH		NAME		
STREET ADDRESS	6971 SW 64TH ST.		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOULD, LAUREN		NAME	BOBBIE CRICHTON	
STREET ADDRESS	6971 SW 64TH ST.		STREET ADDRESS	2940 SW 154 LN	
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP	DAVIE, FL - 33331	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	MARCIA NOREIS	
STREET ADDRESS			STREET ADDRESS	EAST NW 44 CT	
CITY-ST-ZIP			CITY-ST-ZIP	FT LAUDERDALE, FL 33351	
TITLE		<input type="checkbox"/> Delete	TITLE	MICHELLE ROBERTS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	D	
STREET ADDRESS			STREET ADDRESS	6530 NW 24 CT APT. 13	
CITY-ST-ZIP			CITY-ST-ZIP	MARGATE, FL 33063	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.					
SIGNATURE: 		B.K. HANAFOURDE		6/1/06 305 661-0425	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	