2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0300007181 1. Entity Name REDLAND RENAISSANCE FAIRE, INC.				3.	06-05-2006 90149 042 ****61.25			
Principal Place 6971 SW 64 MIAMI, FL 33	TH ST.	Mailing Address 6971 SW 64TH ST. MIAMI, FL 33143			. •		U	
2. Principal Place of Business 9940 5 W 154 LN 3. Mailing Address								
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		hg-NP CR	2E037 (4/06)		
City & State	e FI	City & State		4. FEI Number 54-21225	11		plied For t Applicable	
3 ^{Zip} 33	T	Zip	Country	5. Certificate of S	tatus Desired	\$8.75 Add Fee Required	itional	
	6. Name and Address of Current i	Registered Agent		7. Name and Add	iress of New Register	red Agent		
				Name B. K. HANAFOURDE				
1840 SW 2					(P.O. Box Number is Not Acceptable)			
4TH FLOC MIAMI, FL								
,			City	S. HIAMI		FL Zip Code	<u></u>	
	named entity submits this statement for	the purpose of changing its req			the State of Florida. 1	am familiar with,	and accept	
the obligat	tions of registered agent.							
SIGNATURE BICHANAFOURDE 4/106								
SIGNATURE .						10 4-		
	Signature, typed or printed name of registered agent a			required when reinstating)	D/	ATE.		
		nd title if applicable. (NOTE: Re	egistered Agent signature	e required when reinstating)		• • • • • • • • • • • • • • • • • • • •		
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2006		egistered Agent signature	e required when reinstating)	Make cl	heck payable to		
. 10.	Filing Fee is \$61.25	nd title if applicable. (NOTE: Re 9. Election Campe Trust Fund Con	egistered Agent signature	\$5.00 May Be Added to Fees	Make cl	neck payable to epartment of St	ate	
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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 an other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/1/06 661-0

Daytime Phone #