


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 31, 2005 8:00 am**  
**Secretary of State**

05-31-2005 90008 039 \*\*\*\*61.25

<b>DOCUMENT # N03000010521</b> 1. Entity Name <b>CHILDREN'S THEATER GROUP, INC.</b>					
Principal Place of Business <b>103 EASTPARK CRESCENT CELEBRATION, FL 34747</b>			Mailing Address <b>103 EASTPARK CRESCENT CELEBRATION, FL 34747</b>		
2. Principal Place of Business <b>252 Celebration Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>252 Celebration Blvd</b> Suite, Apt. #, etc.			
City & State <b>Celebration, FL</b>		City & State <b>Celebration, FL</b>		4. FEI Number <b>52-2420321</b>	
Zip <b>34747</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GENERAL COUNSEL ADVISORS, P.A. 1001 N LAKE DESTINY RD STE 300 MAITLAND, FL 32751</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P DEVINEY, KIMBERLY S 103 EASTPARK CRESCENT CELEBRATION, FL 34747	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P James T. Mace 252 Celebration Blvd Celebration, FL 34747
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P STEPHENS, JAYNE 103 EASTPARK CRESCENT CELEBRATION, FL 34747	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP Debra McDonald 402 Iris Street Celebration, FL 34747
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWEN, PAUL 103 EASTPARK CRESCENT CELEBRATION, FL 34747	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T Cynthia Swisher 1005 Indigo Drive Celebration, FL 34747
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/S Melissa R.N. Mace 252 Celebration Blvd Celebration, FL 34747
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sean Bliznik 112 Glasgow Court Davenport, FL 33897-8030
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Michael J. Lolli 3016 Parkway Blvd Kissimmee, FL 34747
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12. I hereby certify that the information supplied 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, with all other like empowered.					
<b>SIGNATURE:</b> <u>Melissa R.N. Mace</u> <b>Melissa R.N. Mace</b> <span style="float: right;"><b>5/26/2005 407.566.8574</b></span>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

# ATTACHMENT

40086453

2005 Not-For-Profit Corporation Annual Report

Document # N03000010521

Children's Theater Group, Inc.

## Section 11 (continued)

D Addition

Don McDonald

402 Iris Street

Celebration, FL 34747

D Addition

Kris Schave

1005 Indigo Drive

Celebration, FL 34747

D Addition

Timothy Swisher

1005 Indigo Drive

Celebration, FL 34747