

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010521

FILED
Apr 19, 2007
Secretary of State

Entity Name: CHILDREN'S THEATER GROUP, INC.

Current Principal Place of Business:

1101 BANKS ROSE CT
CELEBRATION, FL 34747

New Principal Place of Business:

402 IRIS STREET
CELEBRATION, FL 34747

Current Mailing Address:

1101 BANKS ROSE CT
CELEBRATION, FL 34747

New Mailing Address:

P.O. BOX 470621
CELEBRATION, FL 347470621

FEI Number: 52-2420321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAGONER, LIZETTE M
1101 BANKS ROSE CT
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

MCDONALD, DEBRA
402 IRIS STREET
CELEBRATION, FL 34747 US

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.

SIGNATURE: DEBRA MCDONALD

04/19/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCDONALD, DON
Address: 402 IRIS STREET
City-St-Zip: CELEBRATION, FL 34747

Title: D () Delete
Name: MCDONALD, DEBRA
Address: 402 IRIS STREET
City-St-Zip: CELEBRATION, FL 34347

Title: D (X) Delete
Name: WAGONER, LIZETTE
Address: 1101 BANKS ROSE COURT
City-St-Zip: CELEBRATION, FL 34747

Title: D () Delete
Name: FINLEY, MARY BETH
Address: 2704 ABBY DRIVE
City-St-Zip: KISSIMMEE, FL 34741

Title: D () Delete
Name: LEMASTER, TIM
Address: 1624 NASH DRIVE
City-St-Zip: CELEBRATION, FL 34747

Title: D () Delete
Name: SCHAVE, KRISTOPHER
Address: 1005 INDIGO DRIVE
City-St-Zip: CELEBRATION, FL 34747

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEBRA MCDONALD

MRS

04/19/2007

Electronic Signature of Signing Officer or Director

Date