



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90028 020 ****61.25

DOCUMENT # N04000001857 1. Entity Name SOL CHILDREN THEATRE TROUPE INC.							
Principal Place of Business 916 SE 14TH CT DEERFIELD BCH, FL 33441			Mailing Address 916 SE 14TH CT DEERFIELD BCH, FL 33441				
2. Principal Place of Business		3. Mailing Address		 02212005 Chg-NP CR2E037 (10/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 20-0853945				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent GRANT, ROSALIE 916 SE 14TH CT DEERFIELD BCH, FL 33441			
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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2005						9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS						11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRANT, ROSALIE <input type="checkbox"/> Delete 916 SE 14TH CT DEERFIELD BCH, FL 33441					TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Keith Grant <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 916 S.E. 14th Court Deerfield Beach, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Jeff Holmes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4278 N.W. 89th Ave. Apt. 202 Coral Springs, FL 33065		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D Rosalie Grant <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 916 S.E. 14th Court Deerfield Beach, FL 33441		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Joannie McCabe <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3982 N.W. 3rd Court Deerfield Beach, FL 33442		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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	<input type="checkbox"/> Change <input 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.							
SIGNATURE: Rosalie Grant Rosalie Grant Feb. 21, 2005 954-420-0787 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							