2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400003013

Entity Name: MEDIEVALFEST INC.

FILED Jan 13, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1107 KEY PLAZA, #252 KEY WEST, FL 33040

Current Mailing Address: New Mailing Address:

1107 KEY PLAZA, #252 KEY WEST, FL 33040

FEI Number: 20-1148734 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MEIER, JENNIFER
278 LOWELL AVE
FITZGERALD, JENNIFER
278 LOWELL AVE
278 LOWELL AVE

NORTH FORT MYERS, FL 33917 US NORTH FORT MYERS, FL 33917 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: JENNIFER FITZGERALD 01/13/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: T () Delete Title: T (X) Change () Addition

Name: POMEROY, KATHIE Name: POMEROY, KATHIE Address: 1107 KEY PLAZA, #252 Address: 278 LOWELL AVENUE

City-St-Zip: KEY WEST, FL 33040 City-St-Zip: NORTH FORT MYERS, FL 33917 US

Title: P () Delete Title: P (X) Change () Addition Name: MEIER, CHARLES Name: KENDAL, DONNA

 Address:
 22971 CAPTAIN KIDD LN
 Address:
 1107 KEY PLAZA #252

 City-St-Zip:
 CUDJOE KEY, FL 33042
 City-St-Zip:
 KEY WEST, FL 33040 US

Title: V () Delete Title: V (X) Change () Addition Name: WHEELUS-LUSK, RICHARD Name: WHEELUS-LUSK, RICHARD

Address: 1616 DUNCAN ST Address: 1616 DUNCAN ST

City-St-Zip: KEY WEST, FL 33040 City-St-Zip: KEY WEST, FL 33040 US

Title: S () Delete Title: S (X) Change () Addition

 Name:
 PIXLEY, MARSHALL J
 Name:
 GARBATI, ANGELA

 Address:
 1541 A BOWFIN CT
 Address:
 1616 DUNCAN ST

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040 US

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: KATHIE POMEROY T 01/13/2006