
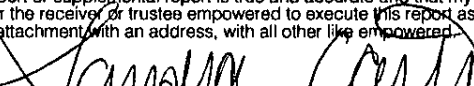


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000007449		
1. Entity Name CORAL SPRINGS CHARTER SCHOOL DRAMA CLUB BOOSTERS, INC.		
Principal Place of Business 3205 N UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	Mailing Address 3205 N UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent CASTRO, SANDRA 3205 N UNIVERSITY DRIVE CORAL SPRINGS, FL 33065		DO NOT WRITE IN THIS SPACE
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)</small>		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTRO, SANDRA 3205 N UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, JAMES E 3205 N UNIVERSITY DRIVE CORAL SPRINGS, FL 33065	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 all other like empowered.		
SIGNATURE: 		2/23/07 Date
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 954-340-4120



02012007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1446211	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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03/07/07-80047-001 61.25

**DO NOT WRITE
IN THIS SPACE**