


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90434 034 ****61.25

DOCUMENT # N06000000122	
1. Entity Name THEATRE ODYSSEY, INC.	

Principal Place of Business 5370 GULF OF MEXICO DRIVE SUITE 209 LONGBOAT KEY, FL 34228 US	Mailing Address 5370 GULF OF MEXICO DRIVE SUITE 209 LONGBOAT KEY, FL 34228 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04202007 Chg-NP CR2E037 (12/06)

4. FEI Number 84-1702076	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent APOSOROS, THOMAS C 5370 GULF OF MEXICO DRIVE SUITE 209 LONGBOAT KEY, FL 34228	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR APOSOROS, THOMAS C 5370 GULF OF MEXICO DRIVE LONGBOAT KEY, FL 34228 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR LIPKIN, ROBERT 537 10TH STREET W BRADENTON, FL 34205 <input checked="" 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	DIR HAMM, LARRY 6611 32ND AVENUE W BRADENTON, FL 34209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S/D <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	<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
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 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:  - **THOMAS C. APOSOROS** **APRIL 26, 2007** **941 744 6853**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40090341

#N06000000122

D
DICTOR, BENJAMIN
4017 ARROW AVENUE
SARASOTA FL 34232

D
DRAGON, STEVEN E.
3810 WEST FOREST LAKE DRIVE
SARASOTA FL 34232

D
KIN, JEFFERY
2602 SUNNYSIDE STREET
SARASOTA FL 34239

P
MARSH, LORI E.
6050 34TH STREET W.
BRADENTON FL 34210

D
SUELYNN
426 SPRING AVENUE
PO BOX 1008
ANNA MARIA FL 34216

See Note below.

D
WEIFFENBACH, SYLVIA R.
1621, 4TH STREET WEST
PALMETTO FL 34221

D
ZIMMERMAN, FREDERIC W.
3630 1ST AVENUE WEST
BRADENTON FL 34205

Note: SueLynn is this person's legal name. It appears as one name with no space between SUE and LYNN just as trpewritten above.