

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07799

FILED
Apr 27, 2006
Secretary of State

Entity Name: SOCIETY FOR ENTERTAINMENT AND ARTS DEVELOPMENT, INC.

Current Principal Place of Business:

2424 PLACIDA RD
D304
ENGLEWOOD, FL 34224

New Principal Place of Business:

4009 S. ACCESS RD.
ENGLEWOOD, FL 34224

Current Mailing Address:

P O BOX 495967
PORT CHARLOTTE, FL 339495967

New Mailing Address:

FEI Number: 65-2530729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELTER, PAULA E
2424 PLACIDA ROAD, APT. D304
ENGLEWOOD, FL 34224 US

Name and Address of New Registered Agent:

WELTER, PAULA E
4009 S. ACCESS RD.
ENGLEWOOD, FL 34224 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: PAULA E. WELTER

04/27/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WELTER, PAULA
Address: 2424 PLACIDA ROAD, APT D304
City-St-Zip: ENGLEWOOD, FL 34224

Title: DV () Delete
Name: PARKES, MOLLY
Address: P.O. BOX 496186
City-St-Zip: PORT CHARLOTTE, FL 339496186

Title: TD () Delete
Name: CHAFFIN, GARY A
Address: 190 CHELSEA CT
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: CHAFFIN, GARY A
Address: 236 SINGAPOR RD.
City-St-Zip: PUNTA GORDA, FL 33950

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: PAULA E. WELTER

PD

04/27/2006

Electronic Signature of Signing Officer or Director

Date