2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# N09139

Entity Name: ORLANDO THEATRE PROJECT, INC.

Current Principal Place of Business:

1001 E. PRINCETON STREET
ORLANDO, FL 32803 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 536274
ORLANDO, FL 32853 US

New Mailing Address:

FEI Number: 59-2557659 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PFINGSTEN, ROBERT C
2720 WRIGHT AVENUE
WINTER PARK, FL 32789 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	BALLARD, ASHLEY D	
Address:	673 SCARLET OAK CIRCLE, #103	
City-St-Zip:	ALTAMONTE SPRINGS, FL 32701 US	
Title:	VPD	( ) Delete
Name:	PFINGSTEN, ROBERT C	
Address:	2720 WRIGHT AVENUE	
City-St-Zip:	WINTER PARK, FL 32789 US	
Title:	TD	( ) Delete
Name:	HAMRAH, GEORGE N	
Address:	5208 TWINE STREET	
City-St-Zip:	ORLANDO, FL 32821 US	
Title:	S	( ) Delete
Name:	GRANT, VALERIE	
Address:	9013 SPENCE COURT	
City-St-Zip:	GOTHA, FL 34734 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ROBERT C. PFINGSTEN VPD 04/18/2007

Electronic Signature of Signing Officer or Director — Date