

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

**FILED**  
**Jan 24, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N17762</b> 1. Entity Name <b>ALLIE SCHMIDT-BILL SPRANZA TENT OF CIRCUS SAINTS &amp; SINNERS CLUB OF AMERICA, INC.</b>			
Principal Place of Business <b>4809 SW 13TH AVE P O BOX 366 CAPE CORAL, FL 33914 US</b>		Mailing Address <b>P O BOX 366 P.O. BOX 366 CAPE CORAL, FL 33910 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01042007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number <b>59-2620198</b>	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			
<b>SEGROVES, JAY W 4647 SE 17TH PL APT 102 CAPE CORAL, FL 33904</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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) DATE</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LABARBENA, JOHN 1733 SE 44TH TERRACE CAPE CORAL, FL 33904		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GAITCH, PETER 19807 FRENCHMANS CT NORTH FORT MYERS, FL 33903		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SEGROVES, JAY W 4647 SW 17TH PL APT 102 CAPE CORAL, FL 33904		
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.			
<b>SIGNATURE:</b>  <b>JAY W. SEGROVES</b>		Date <b>1/21/07</b>	Daytime Phone # <b>(239) 540-0595</b>