

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N31495

FILED
Apr 30, 2006
Secretary of State

Entity Name: ALTERED STAGES, INC.

Current Principal Place of Business:

736 SCOTLAND ST.
DUNEDIN, FL 34698 US

New Principal Place of Business:

Current Mailing Address:

736 SCOTLAND ST.
DUNEDIN, FL 34698 US

New Mailing Address:

FEI Number: 65-0121066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELIZABETH BRINCKLOW
736 SCOTLAND STREET
DUNEDIN, FL 34698 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: D () Delete
Name: DURICA, JOHN
Address: 565 FREDRICA LANE
City-St-Zip: DUNEDIN, FL 34698

Title: D () Delete
Name: JEFFREY, MARCIA
Address: 8130 COLONIAL VILLAGE DR #208
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: BRINCKLOW, ELIZABET, H
Address: 736 SCOTLAND STREET
City-St-Zip: DUNEDIN, FL 34698

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:

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: ELIZABETH BRINCKLOW

D

04/30/2006

Electronic Signature of Signing Officer or Director

Date