


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90084 018 \*\*\*\*61.25

<b>DOCUMENT # N34575</b> 1. Entity Name CENTRAL FLORIDA WORLD CLOWNS, INC.					
Principal Place of Business 611 N. MILLS AVE. P. O. BOX 536427 ORLANDO, FL 32853-6427 US			Mailing Address 611 N. MILLS AVE. P. O. BOX 536427 ORLANDO, FL 32853-6427 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent  MADELYNE, ROSENFELD 1034 WINTER SPRINGS BLVD. WINTER SPRINGS, FL 32708				7. Name and Address of New Registered Agent Name <u>CHARIS DUNN</u> Street Address (P.O. Box Number is Not Acceptable) <u>112 DRUID RD</u> City <u>MAITLAND</u> FL Zip Code <u>32751</u>	
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</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENFELD, MADELYNE		NAME	CHRISTOPHER H. DUNN	
STREET ADDRESS	1034 WINTER SPRINGS BLVD		STREET ADDRESS	112 DRUID RD	
CITY-ST-ZIP	WINTER SPRINGS, FL 32708		CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREY, BOBBYE		NAME	JON BACHELOR	
STREET ADDRESS	5220 LEON CIRCLE		STREET ADDRESS	5487 Alandale Ct.	
CITY-ST-ZIP	ORLANDO, FL 32810		CITY-ST-ZIP	Orlando FL 32839	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MENDOZA, VICKIE		NAME		
STREET ADDRESS	4716 KELLY PARK DR.		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32712		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANGREY, CAROLYN		NAME	ZANIFA DE GREGORY	
STREET ADDRESS	3306 PERSHING AVE.		STREET ADDRESS	8428 CEDAR CREEK DR	
CITY-ST-ZIP	ORLANDO, FL 32806		CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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> <u>Christopher H. Dunn</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/10/06</u> Daytime Phone # <u>4072982200</u>		