


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 08:00 A
Secretary of State

DOCUMENT # N34575 1. Entity Name CENTRAL FLORIDA WORLD CLOWNS, INC.	
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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
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DO NOT WRITE IN THIS SPACE



03292007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2971982	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DUNN, CHRIS 1112 DRUID RD MAITLAND, FL 32751

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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: <u>CHRISTOPHER H. DUNN</u> <i>Christopher H. Dunn</i> 4/13/07 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO DUNN, CHRISTOPHER H 1112 DRUID RD MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BACHELOR, JON 5487 ALANDALE CT ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEGREGORY, ZANIFA 8429 CEDAR COVE DR ORLANDO, FL 32818
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/27/07-80067-019-61.25

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. SIGNATURE: <u>CHRISTOPHER H. DUNN</u> <i>Christopher H. Dunn</i> 4/13/07 707 2982000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
