## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45529

Entity Name: MIAMI STORYTELLERS GUILD, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
	US STREET ABLES, FL 33	146					
Current Mailing Address:				New Mailing Address:			
	US STREET ABLES, FL 33	146					
FEI Number:	65-0289262	FEI Number Applied For()	FEI Nun	nber Not Appli	cable ( )	Certificate of Stat	tus Desired ( )
Name and	Address of C	Current Registered Agent:		Name and	Address of	f New Registered	Agent:
GRAMLING, LOUISE 5801 MARIUS STRET CORAL GABLES, FL 33146 US				GRAMLING, LOUISE 5801 MARIUS STREET CORAL GABLES, FL 33146 US			
The above in the State		submits this statement for the p	ourpose o	f changing it	s registered	d office or registere	d agent, or both,
SIGNATURE:				04/29/2005			
Electronic Signature of Registered Agent				Date			
OFFICERS AND DIRECTORS:				ADDITION	S/CHANGE	S TO OFFICERS	AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P ( ) GREGORY, JIM 960 NE 90TH S MIAMI, FL 331	TREET		Title: Name: Address: City-St-Zip:		( ) Change ( ) Additio	n
Title: Name: Address: City-St-Zip:	D ( ) GREGORY, PA 960 NE 90TH S MIAMI, FL 331	т		Title: Name: Address: City-St-Zip:	GATHERCOL	6TH STREET	on
Title: Name: Address: City-St-Zip:	D ( ) NELLIE, LEE D 6666 SW 115 ( MIAMI, FL 331	CT #203		Title: Name: Address: City-St-Zip:	GRAMLING, 5801 MARIU		on
Title: Name: Address: City-St-Zip:	D ( ) NEWSON, TINA 15450 SW 297 HOMESTEAD,	TERR		Title: Name: Address: City-St-Zip:	D GREGORY, 960 NE 90TH MIAMI, FL 3	H STREET	on
Title: Name: Address: City-St-Zip:	TS ( ) GRAMLING, LO 5801 MARIUS ( CORAL GABLE	ST		Title: Name: Address: City-St-Zip:	D COLE, NICH 210 NE 48TH MIAMI, FL 3	HTERRACE	on
Title: Name: Address: City-St-Zip:	D ( ) PIPKIN, G L 6770 N WATER MIAMI, FL 331			Title: Name: Address: City-St-Zip:	GORMAN, JO	TH STREET #406	on

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LOUISE GRAMLING S/T 04/29/2005