2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50487

FILED Jan 18, 2007 Secretary of State

Entity Name: TOAST OF TAMPA SHOW CHORUS, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 20165 4805 W. LAUREL STREET STE 100

TAMPA, FL 336220165 TAMPA, FL 33607

Current Mailing Address: New Mailing Address:

6435 GENTLE BEN CIRCLE WESLEY CHAPEL, FL 335443448

FEI Number: 59-2791268 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FREY, CATHERINE 6435 GENTLE BEN CIRCLE WESLEY CHAPEL, FL 335443448 US

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:

Clastera is Cinneting of Decistors of August

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 ROBINSON, ELLEN
 Name:
 SNOOK, GWEN

 Address:
 3005 W CHAPIN AVE.
 Address:
 9379 HOOSIER CIRCLE

 City-St-Zip:
 TAMPA, FL 336111636
 City-St-Zip:
 LAKELAND, FL 338098030 US

Title: TD () Delete Title: T (X) Change () Addition

 Name:
 FREY, CATHERINE
 Name:
 FREY, CATHERINE

 Address:
 6435 WESLEY CHAPEL
 Address:
 6435 WESLEY CHAPEL

City-St-Zip: WESLEY CHAPEL, FL 335443448 City-St-Zip: WESLEY CHAPEL, FL 335443448

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf D} \qquad {\sf (X) Change () Addition}$

Name: CONNELLY, JOE Name: DEROSA, TONY

Address: 14905 ARBOR SPINGS CIRCLE APT#114 Address: 2303 PRAIRIE VIEW DRIVE

City-St-Zip: TAMPA, FL 336245828 City-St-Zip: WINTER GARDEN, FL 347875465 US

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: CATHERINE FREY TD 01/18/2007