2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004817

WATERS, TONIE

144 ADAIR AVENUE

SARASOTA, FL 34243

Name:

Address:

City-St-Zip:

FILED Apr 14, 2006 Secretary of State

Entity Name: SOULSPEAK/SARASOTA POETRY THEATRE, INC.

Current Principal Place of Business: New Principal Place of Business: 535 COLUMBIA CT SARASOTA, FL 34236 US **Current Mailing Address: New Mailing Address:** PO BOX 48955 SARASOTA, FL 342306955 US FEI Number: 65-0457672 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: SPRING, JUSTIN LISCOMBE, SCYLLA 1620 BOATHOUSE CIRCLE, G-201 535 COLUMBIA COURT SARASOTA, FL 34231 US SARASOTA, FL 34236 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: SCYLLA LISCOMBE 04/14/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WILLS, SUSAN Name: Name: 722 SOUTH BOULEVARD OF PRESIDENTS Address: Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: Title: PD Title: VS () Delete (X) Change () Addition BECICH, TONY Name: BECICH, TONY Name: Address: 1105 4TH STREET WEST Address: 1105 4TH STREET WEST City-St-Zip: BRADENTON, FL 34221 City-St-Zip: BRADENTON, FL 34221 Title: () Delete Title: (X) Change () Addition RANDALL, DIANE GEORGE, DEJONG Name: Name: Address: 7294 CLOISTER DRIVE Address: 1000 MYRTLE City-St-Zip: SARASOTA, FL 34231 City-St-Zip: VENICE, FL 34292 Title: VD () Delete Title: () Change () Addition Name: WACHSMAN, ERIC Name: 5521 CALLE DEL VERANO Address: Address: SARASOTA, FL 34242 City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

WATERS, TONIE

144 ADAIR AVENUE

SARASOTA, FL 34243

SIGNATURE: TONY BECICH VS 04/14/2006