2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 14, 2005
Secretary of State

DOCUMENT# N94000005855

Entity Name: INTERNATIONAL BROTHERHOOD OF MAGICIANS RING NO. 117-MIKE ELLIS RING, INC.

Current Principal Place of Business:

1291 BARNSTAPLE CIRCLE
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

1291 BARNSTAPLE CIRCLE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 65-0542882 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BARWALD, ROBERT
1291 BARNSTAPLE CIRCLE
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	CROUSHORE, GARY	
Address:	1813 16TH AVE N	
City-St-Zip:	LAKE WORTH, FL 33460	
Title:	VPD	( ) Delete
Name:	CYNTHIA, MORRISON	
Address:	P.O. BOX 2971	
City-St-Zip:	PALM BEACH, FL 33480	
Title:	SD	( ) Delete
Name:	ADLER, RICHARD	
Address:	719 NATHAN HALE RD	
City-St-Zip:	WEST PALM BEACH, FL 33405	
Title:	T	( ) Delete
Name:	BARWALD, ROBERT	
Address:	1291 BARNSTAPLE CIRCLE	
City-St-Zip:	WELLINGTON, FL 33414	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: ROBERT BARWALD TREA 08/14/2005
Electronic Signature of Signing Officer or Director — Date