2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005855

FILED Jul 09. 2006 Secretary of State

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

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

1291 BARNSTAPLE CIRCLE P.O. BOX 7513 WELLINGTON, FL 33414 JUPITER, FL 33468

Current Mailing Address: New Mailing Address:

1291 BARNSTAPLE CIRCLE P.O. BOX 7513 WELLINGTON, FL 33414 JUPITER, FL 33468

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: Name and Address of New Registered Agent:

BARWALD, ROBERT OWEN, DAVID 1291 BARNSTAPLE CIRCLE 305 REO DR

WELLINGTON, FL 33414 JUPITER, FL 33458 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: DAVID OWEN 07/09/2006

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

CROUSHORE, GARY OSCHMANN, EDWARD Name: Name:

1813 16TH AVE N Address: 1523 N M ST Address:

City-St-Zip: LAKE WORTH, FL 33460 City-St-Zip: LAKE WORTH, FL 33460

Title: () Delete Title: (X) Change () Addition CYNTHIA, MORRISON Name: ROBERT, BARWALD Name:

Address: P.O. BOX 2971 Address: 1291 BARNSTAPLE CIRCLE City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: WELLINGTON, FL 33414

Title: SD () Delete Title: (X) Change () Addition ADLER, RICHARD GLUCK, LARRY Name: Name:

719 NATHAN HALE RD 537 SOUTH SEQUOIA DRIVE APT 415 Address:

Address: City-St-Zip: WEST PALM BEACH, FL 33405 City-St-Zip: WEST PALM BEACH, FL 33417

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

OWEN, DAVID Name: BARWALD, ROBERT Name: Address: 1291 BARNSTAPLE CIRCLE Address: 305 REO DR City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: JUPITER, FL 33468

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: ROBERT BARWALD V 07/09/2006