2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006
Secretary of State

DOCUMENT# N95000001549

Entity Name: THEATRE CONSPIRACY, INC.

Current Principal Place of Business:

10091 MCGREGOR BLVD.
FORT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

10091 MCGREGOR BLVD
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 65-0569413 **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:

SMITH, WILLIAM R
8191 COLLEGE PARKWAY
SUITE 300
FORT MYERS, FL 33919 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:	D	( ) Delete
Name:	GERAGHTY, DENA	
Address:	1320 ALCAZAR AV	
City-St-Zip:	FORT MYERS, FL 33901	
Title:	D	( ) Delete
Name:	TAYLOR, WILLIAM E	
Address:	3806 HANOVER ST	
City-St-Zip:	FORT MYERS, FL	
Title:	D	( ) Delete
Name:	ANTONIO, NANCY	
Address:	2682 SHRIVER DRIVE	
City-St-Zip:	FORT MYERS, FL 33912	
Title:	DT	( ) Delete
Name:	DAVIS, SLYVIA	
Address:	5300-4 SUMMERLIN RD.	
City-St-Zip:	FT MYERS, FL	
Title:	D	( ) Delete
Name:	EATON, ALEXANDER	
Address:	4101 EVANS AVE.	
City-St-Zip:	FT. MYERS, FL	
Title:	DV	( ) Delete
Name:	GOLDBERG, KAREN	
Address:	3005 SE 18TH PL	
City-St-Zip:	CAPE CAROL, FL	

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:	
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 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: WILLIAM E. TAYLOR D 05/09/2006
Electronic Signature of Signing Officer or Director — Date