

2007
**2006 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT (AR)**

DOCUMENT # N9600000897

1. Entity Name

CHILDRENS MUSICAL THEATRE WORKSHOP INC.



FILED

2007 MAR -3 AM 8:22

SECRETARY OF STATE
 TALLAHASSEE FLORIDA



Principal Place of Business Mailing Address
 533 N. NOVA RD, UNIT 103 110 E GRANADA BLVD, STE 104
 ORMOND BEACH FL 32174 ORMOND BEACH FL 32176

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 102 East Granada Blvd

City & State City & State
 Ormond Beach, FL

4. FEI Number 59-3364185 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required
 Zip Country Zip Country
 32176 USA

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

SIMMONS, CYNTHIA V
 357 TIMBER RUN
 ORMOND BEACH FL 32174

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Cynthia V. Simmons* Cynthia V. Simmons 2-01-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when re-registering) DATE

**FILE NOW: FEE IS \$61.25
 Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

**Make Check Payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PDE Delete
 NAME MARTINEZ, ANTHONY J
 STREET ADDRESS 130 SHADY BRANCH TRAIL
 CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE VPE Delete
 NAME ZEOLI, DEBORAH
 STREET ADDRESS 214 LOOMIS AVE
 CITY-ST-ZIP BOYNTON BEACH FL 32114

TITLE PA Delete
 NAME MARTINEZ, BRENDA L
 STREET ADDRESS 130 SHADY BRANCH
 CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE S Delete
 NAME TURBIN, MICHELE
 STREET ADDRESS 8 BARCELONA TRAIL
 CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE PD Delete
 NAME JACKSON, MICHAEL
 STREET ADDRESS 2 ST CHARLES PLACE
 CITY-ST-ZIP FLAGLER BEACH FL 32136

TITLE T Delete
 NAME MOSSER, NANCY JO
 STREET ADDRESS 1108 ST AUGUSTINE RD
 CITY-ST-ZIP DAYTONA BEACH FL 32114

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PDE Change Addition
 NAME Pilcher, G. Michael
 STREET ADDRESS 533 N. Nova Rd. Suite 203
 CITY-ST-ZIP Ormond Beach, FL 32174

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 600095885126
 04/05/07--01030--017 **\$61.25

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Cynthia V. Simmons* Cynthia V. Simmons 02/01/07 386-672-2880