

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001946

FILED
Sep 05, 2007
Secretary of State

Entity Name: ODYSSEY STAGE CORPORATION

Current Principal Place of Business:

208 E. LAKE HOWARD DR.
SUITE 402
WINTER HAVEN, FL 338813147 US

New Principal Place of Business:

Current Mailing Address:

208 E. LAKE HOWARD DR.
SUITE 402
WINTER HAVEN, FL 338813147 US

New Mailing Address:

FEI Number: 65-0752526 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:

DUPONT, ISRAEL
208 E. LAKE HOWARD DR.
#402
WINTER HAVEN, FL 338813147 US

Name and Address of New Registered Agent:

DUPONT, ISRAEL D
208 E. LAKE HOWARD DR.
#402
WINTER HAVEN, FL 338813147 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: ISRAEL T DUPONT

09/05/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BLAKE, KEVIN
Address: 126 MANCHA AVE.
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: D () Delete
Name: CHILLINGWORTH, CHARLES C
Address: 257 GRANADA ROAD
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: DUPONT, ISRAEL
Address: 208 E. LAKE HOWARD DR., #402
City-St-Zip: WINTER HAVEN, FL 338813147

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:

I hereby certify that the information supplied with this filing does not qualify 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: ISRAEL T DUPONT

D

09/05/2007

Electronic Signature of Signing Officer or Director

Date