2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# N97000003943

Entity Name: CULTURAL ARTS RESEARCH ENSEMBLE, INC.

Current Principal Place of Business:

412 NORTH PINE HILLS ROAD
ORLANDO, FL 32811

New Principal Place of Business:

Current Mailing Address:

7255 HIAWASSEE OAKS DR
ORLANDO, FL 32818 US

New Mailing Address:

FEI Number: 59-3457738 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COLEMAN, JIMMY R
7255 HIAWASSEE OAKS DR
ORLANDO, FL 32811 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: DCEO ( ) Delete
Name: COLEMAN, JIMMY
Address: 7255 HIAWASSEE OAKS DR
City-St-Zip: ORLANDO, FL 32818

Title: VPD ( ) Delete
Name: BECKFORD, PATRICIA
Address: 1423 SERRISSAA CT
City-St-Zip: ORLANDO, FL 32808

Title: TD ( ) Delete
Name: COLE, MONET
Address: 5001 FAIRBROOK PATH
City-St-Zip: STONE MOUNTAIN, GA 30058

Title: SD ( ) Delete
Name: SANDERS, RONITA
Address: 4519 LENNOX AVE
City-St-Zip: ORLANDO, FL 32805

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: JIMMY R. COLEMAN DCEO 04/22/2005

Electronic Signature of Signing Officer or Director — Date