

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003943

FILED  
Apr 17, 2006  
Secretary of State

**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 ( )**

**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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: D ( ) Change (X) Addition  
Name: COLE, TERRELL  
Address: 5001 FAIRBROOK PATH  
City-St-Zip: STONE MOUNTAIN, GA 30088

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: JIMMY R. COLEMAN

DCEO

04/17/2006

Electronic Signature of Signing Officer or Director

Date