

2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
May 18, 2006
Secretary of State

DOCUMENT# N98000000387

Entity Name: ACT II COMPLEX, INC.**Current Principal Place of Business:**50 NE 49TH ST
B
OCALA, FL 34479 US**New Principal Place of Business:****Current Mailing Address:**50 NE 49TH ST
B
OCALA, FL 34479 US**New Mailing Address:****FEI Number:** 59-3489187**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ODEN, PRICE
50-D NE 49TH STREET
OCALA, FL 34479 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:** PD () Delete
Name: ODEN, PRICE
Address: 50-D NE 49TH STREET
City-St-Zip: Ocala, FL 34479**Title:** S () Delete
Name: YOUNG, BOB
Address: PO BOX 6770
City-St-Zip: Ocala, FL 34478**Title:** T () Delete
Name: MCCALL, EUGENE
Address: 9805 SW 190TH TERRACE ROAD
City-St-Zip: DUNNELLON, FL 34432**Title:** V () Delete
Name: TYLER, JOE
Address: 5611 SE 2ND ST
City-St-Zip: Ocala, FL 34471**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** S (X) Change () Addition
Name: LANE, CAROL
Address: 1900 NW 44TH ST
City-St-Zip: Ocala, FL 34475**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** V (X) Change () Addition
Name: LUND, DONNA M
Address: 7003 MARMICK PL
City-St-Zip: LAUREL, MD 20707

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: PRICE ODEN

PD

05/18/2006

Electronic Signature of Signing Officer or Director

Date