2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

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Entity Name: INSIDE OUT THEATRE COMPANY, INC.

Current Principal Place of Business:

P.O. BOX 267355
FT LAUDERDALE, FL 33326

New Principal Place of Business:

P.O. BOX 267355
FT LAUDERDALE, FL 33326 US

Current Mailing Address:

P.O. BOX 267355
FT LAUDERDALE, FL 33326

New Mailing Address:

P.O. BOX 267355
FT LAUDERDALE, FL 33326 US

FEI Number: 65-0869196 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRAUN, ROBIN
492 CARRINGTON LANE
WESTON, FL 33326 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: PROBINSKY, SUSAN
Address: 26650 S.W. 172ND AVE
City-St-Zip: MIAMI, FL 33031

Title: DT ( ) Delete
Name: EISENBERG, DONALD
Address: 701 S.W. 113 TERR.
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D ( ) Delete
Name: PECK, ELIZABETH
Address: 2483 EAGLE WATCH CT
City-St-Zip: WESTON, FL 33327

Title: DS ( ) Delete
Name: FROMER, DEBBIE
Address: 2516 EAGLE RUN CIRCLE
City-St-Zip: WESTON, FL 33327

Title: ED ( ) Delete
Name: BRAUN, ROBIN
Address: 492 CARRINGTON LANE
City-St-Zip: WESTON, FL 33326

Title: D (X) Delete
Name: GLASSER, EVELYN
Address: 2698 OAKMONT
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PROBINSKY, SUSAN
Address: 886 DARTMOOR CIRCLE
City-St-Zip: NOKOMIS, FL 34275

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: WEISS, JODI
Address: 2977 WENTWORTH
City-St-Zip: WESTON, FL 33332

Title: DS (X) Change ( ) Addition
Name: EWING, SANDRA
Address: 1130 CHINABERRY DRIVE
City-St-Zip: WESTON, FL 33327

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 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: ROBIN BRAUN ED 04/30/2006

Electronic Signature of Signing Officer or Director — Date