2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007048

FILED May 20, 2005 Secretary of State

Entity Name: INTERNATIONAL RHYTHMIC GYMNASTICS, INC.

urrent F	Principal Place of Business:	New Principal Pla	ace of Business:
	STREL DRIVE NVILLE, FL 32222		
urrent N	Mailing Address:	New Mailing Add	ress:
O. BOX ACKSON	.440207 NVILLE, FL 32222		
accordar	nce with s. 607.193(2)(b), F.S., the corporation did not rece	il Number Not Applicable() pive the prior notice.	Certificate of Status Desired (X)
ame and	d Address of Current Registered Agent:	Name and Addres	ss of New Registered Agent:
580 KES	DEZ, MAYRA E ITREL DRIVE NVILLE, FL 32222 US		
	e named entity submits this statement for the purpo	se of changing its regist	ered office or registered agent, or both
	e named entity submits this statement for the purpo te of Florida.	se of changing its regist	ered office or registered agent, or both
the Stat	te of Florida.	se of changing its regist	ered office or registered agent, or both
the Stat	te of Florida.	se of changing its regist	ered office or registered agent, or both Date
the Stat	te of Florida.		
the Stat	te of Florida. IRE: Electronic Signature of Registered Agent		Date
the Stat IGNATU FFICER tte: ame: ddress:	te of Florida. IRE: Electronic Signature of Registered Agent IS AND DIRECTORS: EDP () Delete FERNANDEZ, MAYRA E 7580 KESTREL DRIVE	ADDITIONS/CHAI Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTO
the Stat GNATU FFICER le: .ume: .dress: .ty-St-Zip: .le: .ume: .dress:	te of Florida. IRE: Electronic Signature of Registered Agent S AND DIRECTORS: EDP () Delete FERNANDEZ, MAYRA E 7580 KESTREL DRIVE JACKSONVILLE, FL 32222 S () Delete RAMOS, DORA L 1563 PAWNEE STREET	ADDITIONS/CHAI Title: Name: Address: City-St-Zip: Title: Name: Address:	Date NGES TO OFFICERS AND DIRECTO () Change () Addition

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: MAYRA FERNANDEZ PRES 05/20/2005