


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000007617</b> 1. Entity Name ANNUAL CHILDREN'S INVITATIONAL, INC.			
Principal Place of Business 1120-B SANTA ROSA BLVD FT WALTON BEACH, FL 32548		Mailing Address #2 MIRACLE STRIP PKWY FORT WALTON BEACH, FL 32548	
<b>DO NOT WRITE IN THIS SPACE</b>			
		4. FEI Number 59-3623031	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
5. Name and Address of Current Registered Agent			
MONTALTO, SAM 1120-B SANTA ROSA BLVD FT WALTON BEACH, FL 32548		<b>DO NOT WRITE IN THIS SPACE</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D MONTALTO, SAM 1120-B SANTA ROSA BLVD FT WALTON BEACH, FL 32548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D WAGNER, JOHN #2 MIRACLE STRIP PKWY FORT WALTON BEACH, FL 32548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D WAGNER, KERRIE #2 MIRACLE STRIP PKWY FT WALTON BEACH, FL 32548	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <i>John P. Wagner</i>		Date _____ Daytime Phone # _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			