
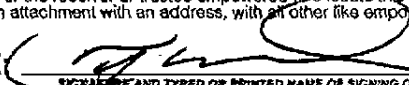


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P00764 1. Entity Name CUMBERLAND VALLEY SHOWS, INC.		
Principal Place of Business 200 CARVER LANE P O BOX 702 LEBANON, TN 37088-702 US	Mailing Address 200 CARVER LANE P O BOX 702 LEBANON, TN 37088-702 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RICHEY, STEVEN J 1084 FLAGLER AVENUE LEESBURG, FL 34748		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STAFFORD, TERRY 200 CARVER LANE LEBANON, TN 37087	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FLOYD, J.D. 116 OAK HILL DRIVE LEBANON, TN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BAXTER, JANE PO BOX 702 LEBANON, TN 37088	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS INGRAM, CLYDE 200 CARVER LANE LEBANON, TN 37087	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FLOYD, JANET 200 CARVER LANE LEBANON, TN 37087	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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  Terry Stafford 1/31/06 615-444-6627 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01312006 No Chg-P CR2E034 (11/05)

4. FEI Number 62-0963234	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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02/16/06-80042-021 150.00

**DO NOT WRITE
IN THIS SPACE**