

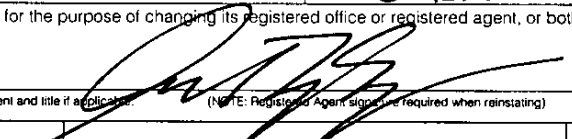
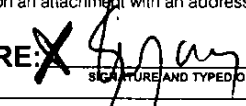


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90014 035 ***150.00

DOCUMENT # P02000059067 1. Entity Name CELEBRATION HOLDINGS, INC.					
Principal Place of Business 1551 VIA TUSCANY WINTER PARK, FL 32789			Mailing Address 1551 VIA TUSCANY WINTER PARK, FL 32789		
2. Principal Place of Business - No P.O. Box # 285 Snow Hill Road Suite, Apt. #, etc.		3. Mailing Address P.O. Box 1347 Suite, Apt. #, etc.			
City & State Geneva, FL		City & State Geneva, FL		4. FEI Number 75-3061979	
Zip 32732		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JENKINS, JILL M 1551 VIA TUSCANY WINTER PARK, FL 32789		7. Name and Address of New Registered Agent Name Andrea L. Guyer Street Address (P.O. Box Number is Not Acceptable) 285 Snow Hill Road City Geneva FL Zip Code 32732			
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 Andrea L. Guyer  3/13/08 <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, 2008 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RABBITT, STEPHEN 1241 CHERRY TREE LANE ANNAPOLIS, MD 21403	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HILMER, WAYNE 1551 VIA TUSCANY WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JENKINS, JILL M. 1551 VIA TUSCANY WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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:  3/13/08 443 9959700 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		