

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122479

FILED
Aug 15, 2005
Secretary of State

Entity Name: JULESTARZ ACADEMY FOR THE PERFORMING ARTS, CO.

Current Principal Place of Business:

850 PARKSIDE AVENUE
BUFFALO, NY 14216

New Principal Place of Business:

P.O. BOX 256
LITHIA, FL 33547

Current Mailing Address:

850 PARKSIDE AVENUE
BUFFALO, NY 14216

New Mailing Address:

P.O. BOX 256
LITHIA, FL 33547

FEI Number: 27-0102320

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENNY, JULIANNE
1200 NORTSHORE DRIVE NE
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

KENNY, JULIANNE
1200 NORTSHORE DRIVE NE UNIT #207
ST. PETERSBURG, FL 33701 US

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: JULIANNE KENNY

08/15/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: KENNY, JULIANNE
Address: 850 PARKSIDE AVENUE
City-St-Zip: BUFFALO, NY 14216

Title: VP/D (X) Delete
Name: KENNY, JACQUELINE
Address: 850 PARKSIDE AVENUE
City-St-Zip: BUFFALO, NY 14216

Title: T (X) Delete
Name: KENNY, JULIANNE
Address: 850 PARKSIDE AVENUE
City-St-Zip: BUFFALO, NY 14216

Title: S (X) Delete
Name: BOWYER, KELLY
Address: 850 PARKSIDE AVENUE
City-St-Zip: BUFFALO, NY 14216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: KENNY, JULIANNE
Address: P.O. BOX 256
City-St-Zip: LITHIA, FL 33547

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

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIANNE KENNY

PRES

08/15/2005

Electronic Signature of Signing Officer or Director

Date