## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## Apr 18, 2007 8:00 am Secretary of State DOCUMENT # P06000071774 04-18-2007 90182 018 \*\*\*150.00 **CELEBRATION ENTERPRISES CORPORATION** 40067809 Principal Place of Business Mailing Address 3038 PARKWAY BLVD. 3038 PARKWAY BLVD. Svite APT. 203 APT. 203 KISSIMMEE, FL 34747 KISSIMMEE, FL 34747 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292007 Chg-P CR2E034 (12/06) Suite City & State Applied For City & State 20-4958390 Not Applicable Zin Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARNONE, SALVATORE Street Address (P.O. Box Number is Not Acceptable) 3038 PARKWAY BLVD, APT. 203 KISSIMMEE, FL 34747 City Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PSTD** TITLE ☐ Change ☐ Addition TITLE ☐ Delete ARNONE, SALVATORE NAME NAME STREET ADDRESS 369 WOODS ROAD NORTH STREET ADDRESS BABYLON, NY 11703 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

Invore Precident + CED Seluctor enno DalvAtgee

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000071774  1. Entity Name CELEBRATION ENTERPRISES CORPORATION						No.	ATTACHMENT				
Principal Place of Business  3038 PARKWAY BLVD.  APT. 203  KISSIMMEE, FL 34747  Mailing Address  3038 PARKWAY BLVD.  3038 PARKWAY BLVD.  3038 PARKWAY BLVD.  KISSIMMEE, FL 34747					1	46	067	800	7	· · · · <del> ·</del> ]	
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Addre	ess							
Suite, Apt. #, etc. Suite ZO3			Suite, Apt. #, etc.			03292007	Chg-P	CR2E03	34 (12/06)		
City & State			City & State			4. FEI Numb 20-495			<u> </u>	plied For t Applicable	
Zip	Country		Zìp	Zip Coun		5. Certificate of Status Desired S8.75 Add Fee Required					
	6. Name	and Address of Current	7. Name and Address of New Registered Agent Name								
ARNONE, 3038 PARI APT. 203 KISSIMME	KWAY BL'	VD.	Street Address (P.O. Box Number is Not Acceptable)								
•	,				City			FL	Zip Code	<del></del>	
	ions of regist	y submits this statement for tered agent.  or printed name of registered agent			ered office or regis		th, in the State of Fl	orida. I am fa	amiliar with,	and accept	
		FEE IS \$150.00 7 Fee will be \$550.	I +	n Campaign Fina und Contribution		55.00 May Be added to Fees				_	
10.	PSTD	OFFICERS AND	DIRECTORS D	11	i.	ADDITIONS	CHANGES TO OFF	ICERS AND	DIRECTORS  Change	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	ARNONE, SALVATORE NAME STREET								L_I Griding+		
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indicated of the cor	on this reporporation or the poration or the poration or the poration of the p	ne information supplied with or supplemental report in the receiver or trustee empachment with an address.	s true and accurate owered to execute the with all other like em	and that my sign his report as req npowered.	nature shall have the uired by Chapter 6	ne same legal effe 607, Florida Statuli	ot as it made under	oath; that I a ne appears ir	m an officer Block 10 or	or director	