


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P13013</b> 1. Entity Name <b>THE CIRCUS GROUP CORPORATION</b>	
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<b>Principal Place of Business</b> 1900 BOOTHE CIRCLE, STE 104 LONGWOOD, FL 32750	<b>Mailing Address</b> 1900 BOOTHE CIRCLE, STE 104 LONGWOOD, FL 32750
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**DO NOT WRITE IN THIS SPACE**



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2759636</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
LEVINE, WILLIAM  
1900 BOOTHE CIRCLE, STE 104  
LONGWOOD, FL 32750

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and this is applicable. (NOTE: Registered Agent signature required when submitting) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVAREZ, CARLOS 14800 SAN PEDRO, S-310 SAN ANTONIO, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOLZ, JAMES J 14800 SAN PEDRO STE 310 SAN ANTONIO, TX 78232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEVINE, WILLIAM 14800 SAN PEDRO, STE 310 SAN ANTONIO, TX 78232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CUNNINGHAM, RUSSELL 14800 SAN PEDRO, STE 310 SAN ANTONIO, TX 78232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000597132  
01/24/07-80025-001 150.00

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IN THIS SPACE**

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:  1/8/07  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR