## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P94000036017

City-St-Zip:

ALACHUA, FL 32615

CHEERLEADING TECHNIQUE CAMPS INC

FILED Jan 12, 2005 Secretary of State

Entity Name: Cheerleading Technique Camps Inc.					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
4581 NW 6 STE H	STH ST				
GAINESVIL	LE, FL 32609	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX 1 GAINESVIL	15267 LLE, FL 32602	US			
FEI Number:	59-3243877	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
THORP, JIM 3402 NW 7 AVE GAINESVILLE, FL 32607 US			THORP, JIM 710 SW 117 ST GAINESVILLE, FL 3260		
The above in the State		ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE: JAMES THORP				01/12/2005	
Electronic Signature of Registered Agent			ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () THORP, JIM 710 SW 117 ST GAINESVILLE, F		Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	STD () LEWIS, RHETT 181 FLORADAN HAWTHORNE, F		Title: ( Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	VPD () BAGBY, DARRE 13065 NW 93RI		Title: ( Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: RHETT LEWIS S 01/12/2005