

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000093334
 1. Entity Name
 STARLIGHT GYMNASTICS, INC.



Principal Place of Business Mailing Address
 3000 PLUMMER COVE RD 3000 PLUMMER COVE RD
 JACKSONVILLE, FL 32223 US JACKSONVILLE, FL 32223 US

DO NOT WRITE IN THIS SPACE



03062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3354639	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 IVANOV, VESSELINA D
 3000 PLUMMER COVE RD
 JACKSONVILLE, FL 32223

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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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP IVANOV, BORIL 1759 PECKY CYPRESS LANE JACKSONVILLE, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IVANOV, VESSELINA D 1759 PECKY CYPRESS LANE JACKSONVILLE, FL 32233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 03/28/06-80021-007 150.00

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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:  3-10-06 904-923-3882
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #