



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000037364 1. Entity Name CELEBRATION WORLD RESORT MANAGEMENT, INC.	
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Principal Place of Business 7503 ATLANTIS WAY KISSIMMEE, FL 34747 US	Mailing Address 7503 ATLANTIS WAY KISSIMMEE, FL 34747 US
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DO NOT WRITE IN THIS SPACE



02192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3507725	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

**DYMOND, WILLIAM T JR
215 N. EOLA DRIVE
ORLND, FL 32801**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

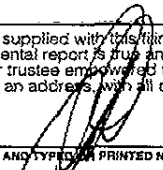
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000091312 03/18/04-80004-005 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAHRUJ, JOSE JR 7503 ATLANTIS WAY KISSIMMEE, FL 34747
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **3/15/04** **407-997-7200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #