
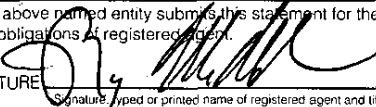
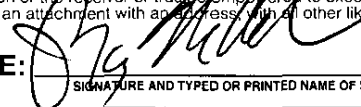


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90017 048 ***158.75

DOCUMENT # P99000001500 1. Entity Name ROYAL AMERICAN CIRCUS INC.					
Principal Place of Business 3623 DESOTO ROAD SARASOTA, FL 34236			Mailing Address 7048 MORALES CIR LAS VEGAS, NV 89119		
2. Principal Place of Business %Max Dog Bakery		3. Mailing Address Suite, Apt. #, etc. 1375 Main St			
City & State Sarasota FL		City & State Sarasota FL		4. FEI Number 65-0889497	
Zip 34236		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACMAHON, RAY 3653 DESOTO ROAD SARASOTA, FL 34235				7. Name and Address of New Registered Agent Name MacMahon, Ray Street Address (P.O. Box Number is Not Acceptable) 1375 Main St City Sarasota FL Zip 34236	
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  Ray MacMahon PD 05/11/04 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACMAHO, RAY 3653 DESOTO RD SARASOTA, FL 34235	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MACMAHON, GABRIELLA 3623 DESOTO ROAD SARASOTA, FL 34235	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MacMahon, Ray 1375 Main St, Sarasota FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MacMahon, Gabriella 1375 Main St, Sarasota FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MacMahon, Ray 1375 Main St, Sarasota FL 34236	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MacMahon, Gabriella 1375 Main St, Sarasota FL 34236	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 an other like empowered.					
SIGNATURE: 		Ray MacMahon		05/11/04	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small> 941-330-0330	