


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2007 8:00 am**  
**Secretary of State**

01-17-2007 90053 035 \*\*\*150.00

**DOCUMENT # F05000005558**

1. Entity Name  
 215 CELEBRATION PLACE, INC.



Principal Place of Business 4400 MACARTHUR BLVD STE 720 NEWPORT BEACH, CA 92660	Mailing Address 4400 MACARTHUR BLVD STE 720 NEWPORT BEACH, CA 92660
---	---

**60002288**



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 72-1606644	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
 2731 EXECUTIVE PARK DRIVE STE 4  
 WESTON, FL 33331

**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 \_\_\_\_\_ 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, 2007 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	C HARRIS, WILLIAM 4400 MACARTHUR BLVD STE 720 NEWPORT BEACH, CA 92660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BELL, JAMES 4400 MACARTHUR BLVD STE 720 NEWPORT BEACH, CA 92660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST EVERLY, MICHAEL 4400 MACARTHUR BLVD STE 720 NEWPORT BEACH, CA 92660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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:** *William Harris* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** 1/5/07 **Date** (949) 476-1974 x1 **Daytime Phone #**