

Robin Carnahan Secretary of State
 2005 ANNUAL REGISTRATION REPORT
 NONPROFIT

**File Number: 200523990067
 N00546165
 Date Filed: 08/27/2005
 Robin Carnahan
 Secretary of State**

REPORT DUE BY: **08/31/2005**

ORGANIZED UNDER THE LAWS OF:
Missouri

**N00546165
 Destination Theatre Company
 Moore, W Allen
 901 Rayburn
 Crestwood, MO 63126**

1 PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS:
 W. Allen Moore, 1370 Swallow Ln
 STREET
 Florissant, MO 63031
 CITY/STATE ZIP

2 If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.

The new registered agent
IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.

The new registered office address **1370 Swallow Ln Florissant MO 63031**
Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

<p style="text-align: center;">OFFICERS</p> <p>NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST ONE OFFICER BELOW. A</p> <p>PRES Woodvall Allen Moore STREET/RT 1370 Swallow CITY/STATE/ZIP Florissant, MO 63031</p> <p>V-PRES</p> <p>STREET/RT</p> <p>CITY/STATE/ZIP</p> <p>SEC'Y</p> <p>STREET/RT</p> <p>CITY/STATE/ZIP</p> <p>TREAS</p> <p>STREET/RT</p> <p>CITY/STATE/ZIP</p>	<p style="text-align: center;">BOARD OF DIRECTORS</p> <p>NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW. B</p> <p>NAME Woodvall Allen Moore STREET/RT 1370 Swallow Ln CITY/STATE/ZIP Florissant, MO 63031</p> <p>NAME Kristina Lynn Moore STREET/RT 1370 Swallow Ln CITY/STATE/ZIP Florissant, MO 63031</p> <p>NAME Suzanne McGinnis STREET/RT 1232 Wagon Wheel Trail CITY/STATE/ZIP O'Fallon, MO 63366</p> <p>NAME</p> <p>STREET/RT</p> <p>CITY/STATE/ZIP</p>
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NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS ARE ATTACHED

4 The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 575.060 RSMo. Photocopy or stamped signature not acceptable.

Authorized party or officer sign here Woodvall Allen Moore (Required)

Please print name and title of signer: Woodvall Allen Moore / President
 NAME TITLE

REGISTRATION REPORT FEE IS:
 ___ \$10.00 If filed on or before 8/31
 ___ \$15.00 If filed after 8/31
 Corporation will be administratively dissolved if report is not filed by November 30th.

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL) _____

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO DIRECTOR OF REVENUE

RETURN COMPLETED REGISTRATION REPORT AND PAYMENT TO THE SECRETARY OF STATE - P.O. BOX 1366, JEFFERSON CITY, MO 65102