

Robin Carnahan Secretary of State
 2006 ANNUAL REGISTRATION REPORT
 NONPROFIT

File Number: 200623890195
N00546165
Date Filed: 08/26/2006
Robin Carnahan
Secretary of State

REPORT DUE BY: **08/31/2006**

ORGANIZED UNDER THE LAWS OF:
Missouri

N00546165
Destination Theatre Company
Moore, W Allen
1370 Swallow Ln
Florissant, MO 63031

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
Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.

OFFICERS		BOARD OF DIRECTORS	
NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST ONE OFFICER BELOW.		NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). MUST LIST AT LEAST THREE DIRECTORS BELOW.	
<u>PRES</u>	Woodvall Allen Moore	<u>NAME</u>	Woodvall Allen Moore
STREET/RT	1370 Swallow	STREET/RT	1370 Swallow Ln
CITY/STATE/ZIP	Florissant, MO 63031	CITY/STATE/ZIP	Florissant, MO 63031
V-PRES	.....	NAME	Kristina Lynn Moore
STREET/RT	.....	STREET/RT	1370 Swallow Ln
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	Florissant, MO 63031
<u>SEC'Y</u>	.....	NAME	Stacey Lafferty
STREET/RT	.....	STREET/RT	2549 Elm St
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	St. Charles, MO 63301
TREAS	.....	NAME	Brad Lafferty
STREET/RT	.....	STREET/RT	2549 Elm St.
CITY/STATE/ZIP	.....	CITY/STATE/ZIP	St. Charles, MO 63301

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