2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 752087

Jun 02, 2006
Secretary of State

Entity Name: DUNEDIN BOXING CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

1241 SAN CHRISTOPHER DR DUNEDIN, FL 34698 US

Current Mailing Address: New Mailing Address:

1241 SAN CHRISTOPHER DR DUNEDIN, FL 34698 US

FEI Number: 59-1996851 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VIVONE, ORLONDO M

P O BOX 3244

CLEADMATER REACH EL 22767 LIS

SAFETY LIABRON EL 24605

CLEARWATER BEACH, FL 33767 US SAFETY HARBOR, FL 34695 US

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.

SIGNATURE: RONALD VALICOFF 06/02/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

FILED

 Title:
 DV
 () Delete
 Title:
 DIR
 (X) Change () Addition

 Name:
 SISCO, JAMES
 Name:
 VALICOFF, RONALD J MR.

 Address:
 1703 POLO CLUB WAY
 Address:
 1611 HUNTINGTON LN.

 City-St-Zip:
 TARPON SPRINGS, FL 34689
 City-St-Zip:
 SAFETY HARBOR, FL 34695

Title: DS (X) Delete Title: () Change () Addition

 Name:
 MORIN, PATRICIA A
 Name:

 Address:
 822 1ST STREET, APT 1
 Address:

 City-St-Zip:
 INDIAN ROCKS BEACH, FL 33785 FL
 City-St-Zip:

Title: DP (X) Delete Title: () Change () Addition

 Name:
 VIVONE, ORLONDO M
 Name:

 Address:
 P O BOX 3244
 Address:

 City-St-Zip:
 CLEARWATER BEACH, FL 33767
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RONALD VALICOFF DIR 06/02/2006

Electronic Signature of Signing Officer or Director

Date