2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007
Secretary of State

DOCUMENT# N01000003817

Entity Name: TITANS YOUTH HOCKEY CLUB, INC.

Current Principal Place of Business:

P.O. BOX 1431
OLDSMAR, FL 34677

New Principal Place of Business:

9525 AQUA LN
ODESSA, FL 33556

Current Mailing Address:

P.O. BOX 1431
OLDSMAR, FL 34677

New Mailing Address:

FEI Number: 59-3724151 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCAUGHERTY, JOHN B JR.
9525 AQUA LN
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PERRIN, TODD
Address: 8015 SAVANNAH SUNSET LANE
City-St-Zip: TAMPA, FL 33615

Title: VD ( ) Delete
Name: MCCAUGHERTY, JOHN B
Address: 9525 AQUA LN
City-St-Zip: ODESSA, FL 33556

Title: D (X) Delete
Name: KACSER, MICHAEL
Address: 18845 TRACER DRIVE
City-St-Zip: LUTZ, FL 33549

Title: SD ( ) Delete
Name: MADDEN, TIMOTHY M
Address: 3322 SOUTH SHAMROCK ROAD
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: TIMOTHY M. MADDEN SD 03/27/2007

Electronic Signature of Signing Officer or Director — Date