
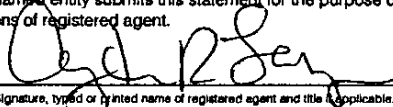
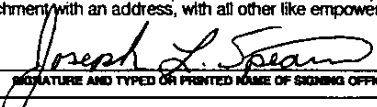


# 2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

05 SEP 23 PM 3:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N04000006514</b>			
1. Entity Name <b>SOBER BIKERS UNITED INC.</b>			
Principal Place of Business 6210 NW 77 ST GAINESVILLE, FL 32653		Mailing Address 6210 NW 77 ST GAINESVILLE, FL 32653	
2. Principal Place of Business <b>200 PEMBERWICK RD</b>		3. Mailing Address <b>200 PEMBERWICK RD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>GREENWICH, CT</b>		City & State <b>GREENWICH, CT</b>	
Zip <b>06831</b>		Zip <b>06831</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>20-0134289</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SPEARS, JOSEPH L 3018 NW 161ST COURT GAINESVILLE, FL 32609</b>		7. Name and Address of New Registered Agent Name <b>GAINESVILLE BUSINESS SERVICE, INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>4408 NW 34TH STREET SUITE 5</b> City <b>GAINESVILLE</b> FL Zip Code <b>32605</b>	
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  <small>Signature, typed or printed name of registered agent and title (applicable).</small>		DATE <b>9/22/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE <b>T</b>	NAME <b>SPEARS, JOSEPH L</b>	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS <b>3018 NW 161ST COURT</b>	CITY-ST-ZIP <b>GAINESVILLE, FL 32609</b>		
TITLE <b>P</b>	NAME <b>CLARK, CHARLES</b>	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS <b>315 E. MAIN STREET</b>	CITY-ST-ZIP <b>WEYAUWEGA, WI 54983</b>		
TITLE <b>S</b>	NAME <b>ECKROTH, HOLLY</b>	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS <b>315 E. MAIN STREET</b>	CITY-ST-ZIP <b>WEYAUWEGA, WI 54983</b>		
TITLE <b>VP</b>	NAME <b>KRIMM, JOHN</b>	<input checked="" type="checkbox"/> Delete	
STREET ADDRESS <b>11905 DIXIE HWY</b>	CITY-ST-ZIP <b>LOUISVILLE, KY 40272</b>		
TITLE <b>D</b>	NAME <b>KALTENBACH, KEN</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>185 TIMBER CREEK DR</b>	CITY-ST-ZIP <b>O FALLON, MO 63366</b>		
TITLE <b>D</b>	NAME <b>DUNCAN, LAURA</b>	<input type="checkbox"/> Delete	
STREET ADDRESS <b>6526 BIG SPRING RD</b>	CITY-ST-ZIP <b>SNOW CAMP, NC 27349</b>		
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE <b>DIRECTOR</b>	NAME <b>FRANK BUCHENBERGER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS <b>11300 SULLIVAN CT</b>	CITY-ST-ZIP <b>LOUISVILLE, KY 40229</b>		
TITLE <del>EUGENE</del> <b>DIRECTOR</b>	NAME <b>EUGENE MCNAMARA</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS <b>11143 EAST RD APT E</b>	CITY-ST-ZIP <b>DALOS HILLS, IL 60465</b>		
TITLE <b>DIRECTOR</b>	NAME <b>DAVE FLORENCE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS <b>200 PEMBERWICK RD</b>	CITY-ST-ZIP <b>GREENWICH, CT 06831</b>		
TITLE <b>DIRECTOR</b>	NAME <b>MIKE SMALL</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS <b>6727 N 8TH ST</b>	CITY-ST-ZIP <b>PHILADELPHIA, PA 19126</b>		
TITLE <b>DIRECTOR</b>	NAME <b>NANO JOHNSON</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS <b>2309 S. NEEL ST</b>	CITY-ST-ZIP <b>RAPID CITY, SD 57703</b>		
<b>900059900659</b> <b>09/23/05--01051--005 *\$61.25</b>			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>9-20-05</b> Daytime Phone # <b>386-418-4227</b>	