2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008617

Entity Name: FLAMING KNIGHTS OF MIAMI MC INC.

FILED Apr 08, 2009 Secretary of State

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

 2005 SUNSET DR. SW
 750 NW 178 TERR

 VERO BEACH, FL 32962
 MIAMI, FL 33169

Current Mailing Address: New Mailing Address:

PO BOX 881886

PORT ST LUCIE, FL 34988

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

DANIELS, RONALD E HARMON-GUN, VERONICA 2005 SUNSET DR SW 750 NW 178 TERR VERO BEACH, FL 32962 US MIAMI, FL 33169 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: VERONICA HARMON-GUNN 04/08/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: () Change () Addition

 Name:
 BRUNACHE, STEVE A
 Name:

 Address:
 PO BOX 881886
 Address:

 City-St-Zip:
 PORT ST LUCIE, FL 34988
 City-St-Zip:

Title: VP () Delete Title: () Change () Addition

 Name:
 LEFORE, STEVEN
 Name:

 Address:
 PO BOX 881886
 Address:

 City-St-Zip:
 PORT ST LUCIE, FL 34988
 City-St-Zip:

Title: SEC () Delete Title: TRES (X) Change () Addition Name: DANIELS, RONALD E Name: HARMON-GUNN, VERONICA

Address: PO BOX 881886 Address: PO BOX 881886

City-St-Zip: PORT ST LUCIE, FL 34988 City-St-Zip: PORT ST LUCIE, FL 34988

I hereby certify that the information supplied with this filing does not qualify 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: STEVE A. BRUNACHE PRES 04/08/2009