2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jun 25, 2007 8:00 am Secretary of State

Applied For Plans and Address Suite Authors Suite Address Suite Authors Suite Author	DOCUMENT # N93000002560 1. Entity Name FT LAUDERDALE DIVING BOOTER CLUB INC.				0	6-25-2007 90001 008 ****	61.25	
Suite, Apt. 4; Dec. Suite,	12441 ROY	al palm blvd.	2039 NW 104TH AVE.					
The above named entity submits this statement for the purpose of changing its registered differs or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee its \$61.25 Due by September 14, 2007 Due by September 14, 2007 OFFICERS AND DIRECTORS 1.1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN IT. MAKE COMPORT, BANNE	501 Seabreeze Blvd I W Arch			hDR		•		
Some and Address of Current Registered Agent See Name and Address of Current Registered Agent To Name and Address of New Registered Agent To Name Address of New Reg	City & Star	auderdale FL	City & State	th FL		<u> </u>		
Name Christine Cincled y				Country	5. Certificate of Sta	stus Desired S8.75 A	dditional	
COMPACT, LEANNE 2039 NW 104TH AVE CORAL SPRINGS, FL 33071 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 familier willt, and accept into obligations of registered agent. **SIGNATURE** **FIIIng Fee Is \$61.25 **Due by September 14, 2007 **Due by September 14, 2007 **Due by September 14, 2007 **O-O-T **SIGNATURE** **FIIIng Fee Is \$61.25 **Due by September 14, 2007 **O-O-T **SIGNATURE** **FIIIng Fee Is \$61.25 **Due by September 14, 2007 **O-O-T **SIGNATURE** **FIIIng Fee Is \$61.25 **Due by September 14, 2007 **O-O-T **SIGNATURE** **FIIIng Fee Is \$61.25 **Due by September 14, 2007 **O-O-T **SIGNATURE** **O-O-T **SIGNATURE** **FIIIng Fee Is \$61.25 **Due by September 14, 2007 **O-O-T **SIGNATURE** **O-O-T **SIGNATURE** **FIIIng Fee Is \$61.25 **Due by September 14, 2007 **O-O-T **SIGNATURE** **O-O-T **SIGNATURE** **FIIIng Fee Is \$61.25 **Due by September 14, 2007 **O-O-T **SIGNATURE** **O-O-T **SIGNATURE** **O-O-T **SIGNATURE** **SIGNATURE** **O-O-T *	_	6. Name and Address of Current R	egistered Agent		7. Name and Addr	ess of New Registered Agent	-	
STORATURE Street Address (P.O. Box Number is Not Acceptable)	C OMFOR	T. JEANNE		Name (hristine	c mccleary		
8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the purpose of protect harve unpatened agent and the June 2007. SIGNATURE Signature, lipose or protect harve unpatened agent and the June 2007 Signature, lipose or protect harve unpatened agent and the June 2007 Signature, lipose or protect harve unpatened agent and the June 2007 Signature, lipose or protect harve unpatened agent and the June 2007 Signature, lipose or protect harve unpatened agent and the June 2007 Signature, lipose or protect harve unpatened agent and the June 2007 Signature, lipose or protect harve unpatened agent and the June 2007 Signature, lipose or protect harve unpatened agent and the June 2007 Signature, lipose or protect harve unpatened agent and the June 2007 Signature, lipose or protect harve unpatened agent and the June 2007 Signature, lipose or protect harve unpatened agent and the June 2007 Signature, lipose or protect harve unpatened agent and the June 2007 Signature, lipose or protect harve unpatened agent and the June 2007 Signature, lipose or protect harve unpatened agent and the June 2007 Signature, lipose or protect harve unpatened agent and the June 2007 Signature, lipose or protect harve unpatened agent and the June 2007 Signature, lipose or protect harve unpatened agent and the June 2007 Signature, lipose or protect harve unpatened agent and the June 2007 Signature, lipose or protect harve unpatened agent and the June 2007 Signature, lipose or protect harve unpatened agent and the June 2007 Signature, lipose or protect harve unpatened agent and the June 2007 Signature, lipose or protect harve unpatened agent and the June 2007 Signature, lipose or protect harve unpatened agent and the June 2007 Signature, lipose or protect harve unpatened agent and the Ju	2 039 N.W.	-104TH A VE.		Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
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Due by September 14, 2007 Trust Fund Contribution. Added to Fees Florida Department of State								
TITLE NAME STREET ADDRESS CITY-ST-2IP COMFORT, #@ANNE COMFORT, #@ANDESS COMFORT, #@ANDESS COMFORT, #@ANNE COMFORT, #@ANDESS COMFORT, #@ANDES		Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE: F	Registered Agent signature red	buited when reinstating)	DATE		
NAME SIREET ADDRESS CITY-ST-ZIP COMFORT, KEANNE 2039 My 104TH AVE CORAL SPRINGS, FL D BELL, PATRICIA SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP D D D D D D D D D D D D D D D D D D		Filing Fee is \$61.25	9. Election Camp	aign Financing	\$5.00 May Be	• •		
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12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-07

<u>561-239-6</u>195