

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2006  
Secretary of State**

DOCUMENT# N97000001197

Entity Name: SHARK SHOOTOUT CHARITIES, INC.

**Current Principal Place of Business:**

501 NORTH HWY A1A  
JUPITER, FL 33477

**New Principal Place of Business:**

**Current Mailing Address:**

501 NORTH HWY A1A  
JUPITER, FL 33477

**New Mailing Address:**

FEI Number: 65-0736877      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SCHNEIDER, JACK  
501 NORTH A1A  
JUPITER, FL 33477      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: DP      ( ) Delete  
Name: NORMAN, GREG  
Address: 501 NORTH HWY A1A  
City-St-Zip: JUPITER, FL 33477

Title: VP      ( ) Delete  
Name: NORMAN, LAURA  
Address: 501 NORTH HWY A1A  
City-St-Zip: JUPITER, FL 33477

Title: EVTS      ( ) Delete  
Name: SCHNEIDER, JACK  
Address: 501 NORTH HWY A1A  
City-St-Zip: JUPITER, FL 33477

Title: D      ( ) Delete  
Name: CLAPP, G W  
Address: 501 NORTH HYW A1A  
City-St-Zip: JUPITER, FL 33477

Title: VP      ( ) Delete  
Name: COLLINS, BART  
Address: 501 NORTH HWY A1A  
City-St-Zip: JUPITER, FL 33477

Title: D      ( ) Delete  
Name: ANDRASSY, RICHARD  
Address: 501 NORTH HYW A1A  
City-St-Zip: JUPITER, FL 33477

**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:

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: JACK SCHNEIDER

EVP

04/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date