2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23604

FILED Feb 22, 2006 Secretary of State

Entity Name: WESTERN QUARTERBACK BOOSTER CLUB, INC.

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

C/O 13741 NEWPORT MANOR ATTN: DERENTHAL DAVIE, FL 33325 US

Current Mailing Address: New Mailing Address:

13741 NEWPORT MANOR DAVIE, FL 33325 US

FEI Number: 65-0033718 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GUYNES, JOE 3859 OAK RIDGE CIR. WESTON, FL 33331 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:

Flacture Complete of Decision 1 Asset

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete Title: D (X) Change () Addition Name: SEDLEY, CATHY Name: HOPKINS, THOMAS Address: 1901 EAST OAK KNOLL CIR. Address: 16142 SEGOVIA CIRCLE NORTH City-St-Zip: FORT LAUDERDALE, FL 33324 City-St-Zip: PEMBROKE PINES, FL 33331

Title: SD () Delete Title: D (X) Change () Addition

Name: PATULLO, LINDA Name: PATULLO, LINDA Address: 1317 GINGER CT. Address: 1317 GINGER CT.

City-St-Zip: FORT LAUDERDALE, FL 33326 City-St-Zip: FORT LAUDERDALE, FL 33326

Title: TD () Delete Title: D (X) Change () Addition

Name:DERENTHAL, LYNN RName:DERENTHAL, LYNN RAddress:13741 NEWPORT MANORAddress:13741 NEWPORT MANORCity-St-Zip:FORT LAUDERDALE, FL 33325City-St-Zip:FORT LAUDERDALE, FL 33325

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: LYNN R. DERENTHAL D 02/22/2006