2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705002

FILED Feb 28, 2006 Secretary of State

Entity Name: THE NORTH DADE OPTIMIST CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 19455 N.W. 12TH AVENUE MIAMI, FL 33169 **Current Mailing Address: New Mailing Address:** PO BOX 3361 PO BOX 4245 NORLAND BRANCH NORLAND BRANCH MIAMI, FL 33269 MIAMI, FL 33269 FEI Number: 59-6152797 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: KINGCADE, CARL J 17455 SW 33RD COURT MIRAMAR, FL 33029 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:

City-St-Zip:

MIAMI, FL 33147 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

MIAMI, FL 33147 US

() Delete () Change () Addition LAW, DENNIS Name: Name: 15 NE 123RD TERRACE Address: Address: City-St-Zip: MIAMI, FL 33161 US City-St-Zip: Title: Title: VPD () Delete (X) Change () Addition HINTON, OZIE Name: BASS, WAYNE Name: Address: P O BOX 693120 Address: 15700 NW 39TH COURT City-St-Zip: MIAMI, FL 33269 US City-St-Zip: MIAMI, FL 33055 US Title: () Delete Title: **VPD** (X) Change () Addition MCCORMICK, PAMELA MCCORMICK, PAMELA Name: Name: Address: 1100 NW 202ND STREET Address: 1100 NW 202ND STREET City-St-Zip: MIAMI, FL 33169 US City-St-Zip: MIAMI, FL 33169 US Title: TD () Delete Title: () Change () Addition KINGCADE, CARL Name: Name: 17455 SW 33RD COURT Address: Address: City-St-Zip: MIRAMAR, FL 330292607 US City-St-Zip: Title: () Delete Title: SD (X) Change () Addition PERRY, MONICA Name: Name: PERRY, MONICA 2161 NW 97TH STREET 1601 NW 103RD STREET APT. 376 Address: Address:

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.

City-St-Zip:

SIGNATURE: CARL J. KINGCADE TD 02/28/2006