2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000166

FILED May 12, 2006 Secretary of State

Entity Name: LADY COUGARS BOOSTERS, INC. **Current Principal Place of Business: New Principal Place of Business:** 3000 STATE RD. 580 CLEARWATER, FL 33761 **Current Mailing Address: New Mailing Address:** 3000 STATE RD. 580 CLEARWATER, FL 33761 FEI Number: 59-3403918 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WELDON, RICHARD STIVALI, JONI 18 TERN COVE 101 MAIN ST., STE, A SAFETY HARBOR, FL 34695 US SAFETY HARBOR, FL 34695 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: JONI STIVALI 05/12/2006 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KARI, STRIANO MS Name: Name: Address: 3439 HYDE PARK DR Address: City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: Title: () Delete Title: (X) Change () Addition ATHERHORT, MARK A JR Name: Name: STIVALI, JONI Address: 1414 FOREST RD Address: 18 TERN COVE City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: SAFETY HARBOR, FL 34695 Title: () Delete Title: () Change () Addition NIMMO, NANCY MS Name: Name: 3600 ENTERPRISE RD E Address: Address: SAFETY HARBOR, FL 34695 City-St-Zip: City-St-Zip: Title: (X) Delete Title: () Change () Addition Name: LAW, ROB Name: 5018 PARRISH LN Address: Address: City-St-Zip: SAFETY HARBOR, FL 34695 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: JONI STIVALI T 05/12/2006