

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

**FILED  
Jan 31, 2006  
Secretary of State**

DOCUMENT# 734227

Entity Name: DADE COUNTY BOWLERETTES, INC.

**Current Principal Place of Business:**

1300 ST CHARLES PLACE #717  
PEMBROKE PINES, FL 33026 US

**New Principal Place of Business:**

**Current Mailing Address:**

1300 ST CHARLES PLACE #717  
PEMBROKE PINES, FL 33026 US

**New Mailing Address:**

FEI Number: 59-6522859      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GOLDSTEIN, PHILLIP J  
9210 SW 72 ST, STE 101  
MIAMI, FL 33173 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: P ( ) Delete  
Name: PETTY, CAROLE  
Address: 18520 N W 82ND AVE.  
City-St-Zip: HIALEAH, FL 33015

Title: VP ( ) Delete  
Name: GOLDSTEIN, SHELLY  
Address: 9420 SW 102ND ST.  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: KERSTON, MARY J  
Address: 2965 AZALEA DR  
City-St-Zip: COOPER CITY, FL 33026

Title: ST ( ) Delete  
Name: MANNING, IRIS  
Address: 1300 ST CHARLES PL #717  
City-St-Zip: PEMBROKE PINES, FL

Title: D ( ) Delete  
Name: FASO, DOROTHY  
Address: 2903 CAYENNE AVE  
City-St-Zip: COOPER CITY, FL 33026

**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:

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: IRIS MANNING

S/T

01/31/2006

Electronic Signature of Signing Officer or Director

Date