2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734227

FILED Jan 26, 2007 Secretary of State

Entity Name: DADE COUNTY BOWLERETTES, INC.

Current Principal Place of Business: New Principal Place of Business: 1300 ST CHARLES PLACE #717 9650 SOUTH BELFORT CIRCLE PEMBROKE PINES, FL 33026 TAMARAC, FL 33321 US **Current Mailing Address: New Mailing Address:** 1300 ST CHARLES PLACE #717 9650 SOUTH BELFORT CIRCLE PEMBROKE PINES, FL 33026 US TAMARAC, FL 33321 US FEI Number: 59-6522859 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: GOLDSTEIN, PHILLIP J GOLDSTEIN, PHILLIP J 9210 SW 72 ST, STE 101 4914 SW 72ND AVENUE MIAMI, FL 33173 MIAMI, FL 33155 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: 01/26/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PETTY, CAROLE Name: Name: 18520 N W 82ND AVE. Address: Address: City-St-Zip: HIALEAH, FL 33015 City-St-Zip: Title: () Delete Title: (X) Change () Addition GOLDSTEIN, SHELLY Name: GOLDSTEIN, SHELLEY Name: Address: 9420 SW 102ND ST. Address: 9420 SW 102ND ST. City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33176 Title: () Delete Title: (X) Change () Addition KERSTON, MARY J HAMMOND, SANDRA Name: Name: 2965 AZALEA DR 9650 SOUTH BELFORT CIRCLE Address: Address: City-St-Zip: COOPER CITY, FL 33026 City-St-Zip: TAMARAC, FL 33321 Title: ST (X) Delete Title: () Change () Addition Name: MANNING, IRIS Name: 1300 ST CHARLES PL #717 Address: Address: City-St-Zip: PEMBROKE PINES, FL City-St-Zip: Title: Title: (X) Delete () Change () Addition FASO, DOROTHY Name: Name: 2903 CAYENNE AVE Address: Address: City-St-Zip: COOPER CITY, FL 33026 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: SHELLEY GOLDSTEIN VP 01/26/2007