


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90025 025 ****61.25

DOCUMENT # 753273	
1. Entity Name GULFPORT LIONS, INC.	

Principal Place of Business 4630 TIFTON DRIVE, SOUTH GULFPORT, FL 33711-0649	Mailing Address 4630 TIFTON DRIVE, SOUTH GULFPORT, FL 33711-0649
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

07062006 Chg-NP CR2E037 (4/06)

4. FEI Number 59-6152780	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent PADULLA, ART 2508- 50ST SOUTH GULFPORT, FL 33707	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P MINDER, JAMES 3227-C 39TH ST S SAINT PETERSBURG, FL 33711	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
8 BEUM, JEAN 3580 38TH AVE S #93 SAINT PETERSBURG, FL 33711	<input type="checkbox"/> Delete	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD SCARLET, LIZ 2092 INDIAN AVE N BELLEAIR BLUFFS, FL 33770	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete	S Padula, Art 2508- 50TH ST. S. GULFPORT FL 33707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Art Padula **ANTHONY H. PADULA JR** **7/6/2006** **727-327-2100**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #