2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#754663

FILED May 10, 2006 Secretary of State

Entity Name: GOLDEN COUGAR BAND BOOSTERS, INC.

Current Principal Place of Business: New Principal Place of Business: 3000 STATE ROAD 580 C/O VINCENT PARRULI CLEARWATER, FL 33761 US **New Mailing Address: Current Mailing Address:** P O BOX 14923 CLEARWATER, FL 337664923 US FEI Number: 59-2030198 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: PARRULI, VINCENT 3000 STATE ROAD 580 CLEARWATER, FL 34621 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: T/D (X) Change () Addition () Delete REINIGER, DANIEL P LINDERT, JOSETTE Name: Name: 914 WYNGATE COURT Address: 3128 HILLSIDE LANE Address: City-St-Zip: SAFETY HARBOR, FL 34695 City-St-Zip: SAFETY HARBOR, FL 34695 Title: 2V/D () Delete Title: () Change () Addition CORNACCHIONE, KELLY Name: Name: Address: 2868 MEADOW OAK DRIVE EAST Address: City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: Title: 1V/D () Delete Title: () Change () Addition MANRY, JOHN Name: Name: 2908 SABER DRIVE Address: Address: CLEARWATER, FL 33759 City-St-Zip: City-St-Zip: (X) Change () Addition Title: CS/D () Delete Title: 3V/D Name: MOORE, TRACIE Name: MOORE, TRACIE 2521 CYPRESS BEND DR. E. 2521 CYPRESS BEND DR. E. Address: Address: City-St-Zip: CLEARWATER, FL 33761 City-St-Zip: CLEARWATER, FL 33761 Title: P/D () Delete Title: RS/D (X) Change () Addition LYNCH, CAROL LYNCH, CAROL Name: Name: 503 WALKER ROAD 503 WALKER ROAD Address: Address: City-St-Zip: SAFETY HARBOR, FL 34595 City-St-Zip: SAFETY HARBOR, FL 34595 Title: (X) Delete Title: () Change () Addition MARTINEZ, DIANE Name: Name: Address: 44 LAKE SHORE DRIVE 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: JOSETTE LINDERT T/D 05/10/2006

PALM HARBOR, FL 34684

City-St-Zip: