2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#758324

FILED Feb 08, 2007 Secretary of State

Entity Name: THE SOUTH FLORIDA DX ASSOCIATION INC.

Current Principal Place of Business: New Principal Place of Business: 3940 NW 4 CT COCONUT CREEK, FL 33066 US **Current Mailing Address: New Mailing Address:** 3940 NW 4 CT COCONUT CREEK, FL 33066 US FEI Number: 59-2437976 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: PHEGLEY, BRUCE 3940 N.W. 4TH COURT US COCONUT, FL 33066 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: () Delete () Change () Addition ALEXANDER, NORMAN P Name: Name: 18883 SE JUPITER RIVER RD Address: Address: City-St-Zip: JUPITER, FL 33458 US City-St-Zip: Title: () Delete Title: (X) Change () Addition ROMAGNI, ESTEBAN Name: SMOLENSKI, RAYMOND E Name: Address: 9485 NW 45TH PLACE Address: 405 SANDALWOOD LN City-St-Zip: SUNRISE, FL 33351 City-St-Zip: BOCA RATON, FL 33487 Title: () Delete Title: () Change () Addition GILLINGHAM, RICHARD Name: Name: 1685 W 62ND ST Address: Address: City-St-Zip: HIALEAH, FL 33012 City-St-Zip: Title: () Delete Title: (X) Change () Addition PHEGLEY, BRUCE P PHEGLEY, BRUCE P Name: Name: Address: 3940 N.W. 4TH CT. Address: 3940 N.W. 4TH CT. City-St-Zip: COCONUT CREEK, FL 33060 City-St-Zip: COCONUT CREEK, FL 33060 Title: () Delete Title: () Change () Addition RASKIN, MIKE Name: Name: 144 N. SEWALL'S PT. RD Address: Address: City-St-Zip: SEWALL'S PT., FL 349966502 City-St-Zip: Title: () Delete Title: (X) Change () Addition MARX. WILLIAM MARX, WILLIAM Name: Name: Address: 2451 E LAS OLAS BLVD Address: 2451 E LAS OLAS BLVD FORT LAUDERDALE, FL 33301 FORT LAUDERDALE, FL 33301 City-St-Zip: 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: BRUCE PHEGLEY TREA 02/08/2007