FILED 08 8:00 am of State

2008 NOT-FOR-PROFIT CORPC ANNUAL REPORT	RATION.	Apr 18, 200
DOCUMENT # 760609		Secretary

1. Entity Name GOLDSEEKER'S BOOSTER CLUB, INC.						4	04-18-2008	90040 02	20 ****70	0.00
Principal Place 8550 126TH LARGO, FL 3	AVE		Mailing Address 8550 126TH AVE LARGO, FL 33773-326	i US					I 6:Bls B)64) 6:66	11181 41 4114
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #,		Suite, Apt. #, etc.	Apl. #, etc.		04152008	Chg-NP	CR2E03	7 (12/06)		
City & State Cit		City & State	City & State		4. FEI Number 59-21384	52		—————————————————————————————————————	oplied For ot Applicable	
Zip		Country	Zip	Country		5. Certificate of	Status Desired		8.75 Add ee Require	
6. Name and Address of Current Registered Agent						7. Name and Ad	dress of New R	legistered A	gent	
BRANNON DERORAH			Name	Name Sondra Halbert						
BRANNON, DEBORAH 8191 93RD ST N SEMINOLE, FL 33777			Street A	Street Address (P.O. Box Number is Not Acceptable)						
					2511	oakw	ood Dr	ive		
		:		City	Laro	jo		FL	Zip Code	ال
	named entit ions of regist		r the purpose of changing its	registered office o	r registere	d agent, or both,	in the State of Flo	orida. I am fa	amiliar with,	and accept
SIGNATURE .	Signatuse, typed	COLLA Wall or printed name of registered agent of		Ira Halbe		hen reinstating)		A) 15	8ට(
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Trust Fund Contribu										
						55.00 May Be Added to Fees	I .	lake check ida Depart		
10.			Trust Fund C				Flor	ida Depart	ment of Si	tate
10.		flay 1, 2008	Trust Fund C	Contribution.		Added to Fees	Flor	ida Depart	ment of Si	tate
TITLE NAME	P MANN, LI	Aay 1, 2008 OFFICERS AND DIF	Trust Fund C	11. TITLE NAME		Added to Fees	Flor	ida Depart	ment of SI ECTORS IN	tate
TITLE NAME STREET ADDRESS	P MANN, L1 9585 125	Aay 1, 2008 OFFICERS AND DIF	Trust Fund C	TITLE NAME STREET ADDRESS		Added to Fees	Flor	ida Depart	ment of SI	tate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANN, LI 9585 125 SEMINOL	Aay 1, 2008 OFFICERS AND DIF	Trust Fund C	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Added to Fees	Flor	ida Depart	ment of SI	ate 10 Addition
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indicated unitins report or suppremental report is true and accurate and that my signature shall have the same legal effect as it 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 AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR DECEMBER OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE OR DIRECTOR