2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000003712

Entity Name: BAY HIGH CHEERBOOSTERS, INC.

FILED Apr 10, 2007 Secretary of State

1204 HARRISON AVE PANAMA CITY, FL 32401 1200 HARRISON AVE PANAMA CITY, FL 32401 PANAMA CITY, FL 32401

Current Mailing Address: New Mailing Address:

180 BOCA LAGOON DR
PANAMA CITY BEACH, FL 32408
3513 HARRISON AVE
PANAMA CITY, FL 32405

FEI Number: 59-3590205 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:

JOHNNY, REYNOLDS

180 BOCA LAGOON DR

PANAMA CITY BEACH, FL 32408 US

COVINGTON, MELANIA PRES
3513 HARRISON AVE
PANAMA CITY, FL 32405 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: MELANIA COVINGTON 04/10/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition Name: REYNOLDS, JOHNNY PRESIDE Name: COVINGTON, MELANIA PRES Address: 180 BOCA LAGOON DR Address: 3513 HARRISON AVE City-St-Zip: PANAMA CITY BEACH, FL 32408 City-St-Zip: PANAMA CITY, FL 32405

Title: VP () Delete Title: VP (X) Change () Addition Name: REYNOLDS, SUSAN VICE PR Name: CAINE, KATHY VP

 Address:
 180 BOCA LAGOON DR
 Address:
 2622 W. 9TH ST

 City-St-Zip:
 PANAMA CITY BEACH, FL 32408
 City-St-Zip:
 PANAMA CITY, FL 32401

Title: VP () Change (X) Addition

Name: CLAYTON, BARBARA VP
Address: Address: 1516 GULF AVE

City-St-Zip: City-St-Zip: PANAMA CITY, FL 32401

Title: () Delete Title: S () Change (X) Addition Name: Name: TURNER, STEPHANIE SEC.
Address: Address: 138 BYRD DR

City-St-Zip: City-St-Zip: PANAMA CITY, FL 32404

Title: () Delete Title: T () Change (X) Addition

 Name:
 Name:
 LYNCH, MARIE TREAS

 Address:
 Address:
 1401 DEWITT ST

 City-St-Zip:
 City-St-Zip:
 PANAMA CITY, FL 32401

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: MARIE LYNCH TREA 04/10/2007

Electronic Signature of Signing Officer or Director

Date