## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000008103

Entity Name: TROOP/PACK 806 - B.S.A., INC.

FILED Jul 11, 2005 Secretary of State

Current Principal Place of Business:		New Principal Pla	New Principal Place of Business:	
6701 SUN MIAMI, FL	SET DR., STE. 104 33143			
Current Mailing Address:		New Mailing Addr	New Mailing Address:	
6701 SUN MIAMI, FL	SET DR., STE. 104 33143			
In accordan	: 65-1060305 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did not I Address of Current Registered Agent:	·	Certificate of Status Desired ( ) s of New Registered Agent:	
PRICE, MA	AX R	Name and Address	o i new registered Agent.	
6701 SUN	1S & PRICE, P.A. SET DR., STE. 104 33143 US			
	named entity submits this statement for the pue of Florida.	rpose of changing its registe	ered office or registered agent, or both,	
SIGNATUR	RE:			
	Electronic Signature of Registered Ager	t	Date	
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHAM	IGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	VPD ( ) Delete LEE, STEVE 15177 SW 102 PL MIAMI, FL 33157	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD ( ) Delete PRICE, MAX R 8270 SW 180 ST MIAMI, FL 33157		(X) Change ( ) Addition MAX R INSET DRIVE, SUITE 104 FL 33143	
Title: Name: Address: City-St-Zip:	D (X) Delete YABOR, RICK L 8820 SW 113 PL, CIRCLE EAST MIAMI, FL 33176	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D (X) Delete DE LA FE, ERNESTO 6601 SW 116 ST MIAMI, FL 33156	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD (X) Delete PARRA, MARIO 8100 SW 137 STREET MIAMI, FL 33158	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D (X) Delete GREENE, PHIL 7570 SW 148 TERRACE MIAMI, FL 33158	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MAX R. PRICE PD 07/11/2005