2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 14, 2008 8:00 am Secretary of State

DOCUMENT # N0100002485 1. Entity Name FALCONS CHEERLEADING BOOSTER CLUB, INC.					01-14-2008 90104 012 ****70.00					
Principal Place of Business Mailing Address 1515 SW 191 LN 1515 SW 191 LN PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL			33029			 ! Dx- Dx Odini 60 K 04	IN BUND BUND NUN SIRAD DIARK) 41 8 1 1 119		
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01102008	Chg-NP	CR2E037 (12/06)				
City & State		City & State			4. FEI Number 65-1096	757	<u> </u>	pplied For ot Applicable		
Zip	Country	Zip	Country	y	5. Certificate of	Status Desired	\$8.75 Ad Fee Require			
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New F	Registered Agent			
ALOY RA	CHE		1 '	Name Terri	Terri Allbee					
ALOY, RACHEL 1515 SW 191 LN PEMBROKE PINES, FL 33029				Street Address (P.O. Box Number is Not Acceptable)						
				Pemb	roke Pin	එ				
				City Pemb	roke Pic	ies	FL Zy Co	¹⁰ 28		
8. 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. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE Levin & Allbee precident 1/10/08 Signature, typed or printed righe of registered agent and site if applicable (NOTE: Registered Agent signature required when reinstating) OATE										
SIGNATURE.	Signature, typed or printed nune of registered ager	at and site if apolicable. (NOTE:	Registered Ag	geni signature required	d when reinstating)	. <u></u>	DATE			
SIGNATURE.	Signature, typed or printed represent eger Filling Fee is \$61.25 Due by May 1, 2008	s and site if applicable. (NOTE: 9. Election Cam Trust Fund Co	paign Fina	incing	\$5.00 May Be Added to Fees		DATE fake check payable inda Department of S			
SIGNATURE	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Fina	incing .	\$5.00 May Be Added to Fees	Flor	DATE Make check payable t	itate		
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	Lerri	J. allha	Terri J. Allbee	1/10/08	(954) 450-1922
	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date	Daytime Phone #