

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90102 037 ****61.25

DOCUMENT # N01000003584 1. Entity Name STARS BOOSTER NON-PROFIT GROUP, INC.					
Principal Place of Business 1271 S.R. 436, UNIT 127 CASSELBERRY, FL 32707			Mailing Address 1271 S.R. 436, UNIT 127 CASSELBERRY, FL 32707		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State 		City & State 		4. FEI Number 59-3692372	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOFFMANN, JACQUILINE 1271 S.R. 436, UNIT 127 CASSELBERRY, FL 32707				7. Name and Address of New Registered Agent Name Michelle Colon Street Address (P.O. Box Number is Not Acceptable) 1271 S.R. 436, UNIT 127 City CASSELBERRY FL Zip Code 32707	
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 <u><i>Michelle Colon</i></u> <u><i>Michelle Colon</i></u> <u>4/27/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RISKO, RICH 1271 S.R. 436, UNIT 127 CASSELBERRY, FL 32707	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLON, MICHELLE 1271 S.R. 436, UNIT 127 CASSELBERRY, FL 32707	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RA HOFFMANN, JACQUELINE 1271 S.R. 436, UNIT 127 CASSELBERRY, FL 32707	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRISTIN JOHNSON 1271 S.R. 436, UNIT 127 CASSELBERRY, FL 32707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CINDY SPURR 1271 S.R. 436, UNIT 127 CASSELBERRY, FL 32707	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CINDY SPURR 1271 S.R. 436, UNIT 127 CASSELBERRY, FL 32707	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing 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: <u><i>RICH RISKO</i></u> <u><i>Rich Risko</i></u> <u>4/27/07</u> <u>407.356.8185</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					